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Continuing Attachment Bonds to the Deceased: A Study of Bereaved Youth and Their Caregivers

Erica Hill Surrine
University of South Florida, esurrine@mail.usf.edu

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Continuing Attachment Bonds to the Deceased:
A Study of Bereaved Youth and Their Caregivers

by

Erica Hill Surrine

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
School of Social Work
College of Behavioral and Community Sciences
University of South Florida

Major Professor: Alison Salloum, Ph.D.
Susan Allen, Ph.D.
Roger Boothroyd, Ph.D.
Lisa Rapp, Ph.D.

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DEDICATION

First, I dedicate this dissertation to all the bereaved families with whom I have had the privilege of walking alongside during their grief journeys over the past 12 years. Your stories inspired me to pursue a Ph.D. and conduct essential research in the field. Thank you for illustrating that there is always light amidst the darkness. You have taught me an immeasurable amount and have inspired me to live life to the fullest! I would also like to extend a sincere and heartfelt appreciation to the staff and bereavement counselors at The Bethany Center and The Circle of Love Center. I could not have completed this dissertation without your belief and support! To my dear friends, Allyson, Angel, Rica, and Suzy- I cherish your friendship. Thank you so much for your support and love!

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ABSTRACT

Although grief is a universal experience impacting the lives of many children and adolescents each year, not much study has been afforded to this population. In addition, the concept of a continuing attachment bond (CAB) or ongoing relationship to the deceased and its role as adaptive or maladaptive in the bereavement process is in its infancy of research among adult populations and is largely unstudied among bereaved youth. This mixed-methods study attempted to bridge the gap by examining the relationship between CABs among a sample of 50 bereaved youth (ages 11-17) and their bereaved adult caregivers. In addition, the study examined the relationship between CABs and symptomatology among these dyads. Qualitative findings revealed the most common expressions of CABs among youth and adults included attempts to maintain connection or closeness to the deceased, recalling memories about or unique characteristics of the deceased, and talking about the deceased. Quantitative results indicated there was not a significant relationship between caregiver bereavement symptomatology, caregiver CAB, and youth CAB. However, a significant relationship was revealed between youth bereavement symptomatology and youth CAB. In addition, findings revealed that youth bereavement symptomatology was the strongest predictor of CABs among youth. This study's results support the use of attachment theory in bereavement practice and suggest the need for social workers to incorporate both grief

symptomatology and the ongoing relationship to the deceased in assessment and intervention with bereaved youth.

CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE PROBLEM

Introduction to the Problem

Death is a universal experience that impacts a tremendous number of lives each day. However, the physical and emotional consequences that follow the death of a loved one are often neglected in traditional American society, especially for children. Adults often rely on prior experiences and established coping mechanisms when processing the complexity of emotions that encompass bereavement. Such emotions may include sadness, anxiety, somatic symptoms, fears, depression, guilt, and behavioral disturbances. However, for many children and adolescents, the death of a parent, sibling, or friend may be their first encounter with intense feelings of grief and loss. There are very few statistics that capture the number of children who experience loss prior to the age of 18. In fact, the National Alliance for Grieving Children cautions practitioners against using misinformed statistics and cites a 2000 report of the Social Security Administration in which approximately 3.5% of children in the United States have experienced the death of a parent before the age of 18 (National Alliance for Grieving Children, 2010). In 2001, nearly 1.4 million youth under the age of 18 received Social Security Survivor benefits for the death of a parent (Social Security Administration, 2010). However, there are no data available on the number of children who have experienced the significant death of a step-parent, sibling, grandparent, or close friend but it is clear the estimates would be

much higher. In fact, it has been presumed that a majority of youth experience the death of a close loved one or friend by the age of 18 (McCarthy, 2007; Oltjenbruns, 1991).

Often referred to as “forgotten mourners,” (Wolfelt, 1996, p. 321) children’s emotions and grief reactions are sometimes dismissed by even the most well-intentioned adults. This dismissal might occur when a surviving caregiver’s feelings of loss overshadow those of the surviving child or teen. Unfortunately, such misunderstanding has left many children feeling isolated in their grief and forced to process the diversity of their emotions in solitude. Recently, researchers are beginning to explore the relationship between bereaved caregivers and children’s grief (e.g. Cerel, Fristad, Verducci, Weller, & Weller, 2006; Haine, Wolchik, Sandler, Millsap, & Ayers, 2006; Silverman, Baker, Cait, & Boerner, 2003).

The current literature suggests there are several variables to explore when researching childhood bereavement. Demographic variables such as age/developmental level (e.g., Bowlby, 1980) and spirituality/religion (e.g., Silverman & Worden, 1992) are commonly studied in youth bereavement research. Death-related variables such as time elapsed since the death (e.g., Worden & Silverman, 1996), nature of death (e.g., Cerel et al., 2006), and relationship to the deceased (e.g., Servaty-Seib & Pistole, 2006) are also pertinent when examining the construct of youth bereavement. In addition, this study examined youth variables such as youth continuing attachment bonds (e.g., Silverman & Nickman, 1996) and youth symptomatology (e.g., Silverman, Baker, Cait, & Boerner, 2003) and their relationship to caregiver variables such as caregiver continuing attachment bonds (e.g., Nickman, Silverman, & Normand, 1998) and caregiver symptomatology (e.g., Wolchik, Coxe, Tein, Sandler, & Ayers, 2008).

This dissertation study furthered knowledge in the bereavement field by exploring the relationship between continuing attachment bonds among youth and their adult caregivers. A fairly recent topic of study, caregiver continuing attachment bonds to the deceased and its relationship to child continuing attachment bonds to the deceased has not thoroughly been investigated in the literature. The relationship between caregiver symptomatology and youth symptomatology was investigated and predictors of continuing attachment bonds among youth were identified.

Theoretical Underpinnings

Grief work theory, originated by Sigmund Freud in the early 1900's, is often regarded as the first theory used to describe a human's reaction to death and mourning (Allumbaugh & Hoyt, 1999; Bonanno & Kaltman, 1999; Regehr & Sussman, 2004). Freud's pioneering ideas have been the driving theoretical base for bereavement research and practice (Bonanno & Kaltman, 1999). Language such as "working through grief" stems from grief work theory and is still often used by practitioners to describe a natural and integral component of the grief process (Regehr & Sussman, 2004; Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002). However, one of the basic tenets of grief work theory is to completely detach oneself from all bonds with the person who died (Attig, 1996). Grief work theory posits that bereaved individuals will experience painful emotions while remembering the deceased and completing the "work" of grief. Such work is completed to achieve the ultimate goal of severing all ties and completely detaching energy from the relationship with the deceased (Regehr & Sussmanm 2004; Stroebe & Shut, 2001).

As an extension of psychoanalytic theory, attachment theory was first proposed by John Bowlby in 1969 in an effort to explain the anxiety and resulting psychopathology experienced by infants who are separated from their caregivers. Bowlby (1980) also identified four phases of mourning that will be discussed further in the Literature Review of this dissertation. In direct contrast to grief work theory in which bereaved individuals must cease all ties to the deceased in order to “recover,” attachment theory suggests that some form of continued connection to the deceased is imperative (Bonanno & Kaltman 1999; Noppe, 2000). Whereas grief work theory focused on continuing attachment bonds as being pathological and contradictory to successful resolution, attachment theory paved the way for exploration of the potential benefits that such bonds may provide to survivors.

Aim of the Study

Although several studies have examined bereaved adults and continuing attachment bonds (CAB), very few have had primary aims to do so with bereaved children or adolescents (e.g., Foster et al., 2011; Wood, Byram, Gosling, & Stokes, 2012). In addition, only a handful of studies have examined CAB and bereaved children as an aside of a larger research project and aim (e.g., Hogan & DeSantis, 1992; Nickman et al., 1998; Silverman et al., 2003; Silverman, Nickman, & Worden, 1992; Silverman & Worden, 1992). With only two studies aiming to investigate CAB among families (including children and adolescents), one examined the construct strictly from a Taiwanese cultural perspective (e.g., Hsu, Kahn, Yee, & Lee, 2004). Furthermore, all previous studies with children and adolescents have examined CAB using only qualitative measures, primarily interviews. While qualitative data has provided rich

information about the construct thus far, recent adult literature (e.g., Field, Nichols, Holen, & Horowitz, 1999) has laid the foundation for assessing CAB in a quantitative manner.

The aims of this study were 1) to describe the most commonly reported CAB expressions among youth and adults, 2) to examine the relationships between youth CAB, youth symptomatology, caregiver CAB, and caregiver symptomatology, and 3) to explore to what extent factors such as caregiver CAB, caregiver symptomatology, youth developmental age, spirituality, time since death, nature of death, and relationship to the deceased have on youth CAB.

This study was the first to assess the relationship between primary caregiver CABs and symptomatology and bereaved youth CABs and symptomatology. Specifically, this study sought to describe the most frequently identified CAB expressions among youth and adults and to identify factors that significantly influence youth CABs. While specific one and two-tailed hypotheses are identified in the Literature Review section of this dissertation, this study sought to answer the following research questions:

1. What are the most commonly reported CAB expressions among youth and adults?
2. To what extent are caregiver CAB and caregiver symptomatology associated with youth CAB?
3. To what extent are caregiver CAB and youth CAB associated with youth symptomatology?

Given the limited research to date on variables associated with youth CAB, an exploratory question about potential predictors of youth CAB was also included.

4. What caregiver variables, youth variables, demographic variables, and death related variables significantly influence youth CAB?

The two dependent variables were youth continuing attachment bonds and youth symptomatology. The seven independent variables were caregiver continuing attachment bonds, caregiver bereavement symptomatology, youth age/developmental level, youth spirituality, time elapsed since death, nature of death, and relationship to the deceased. Youth bereavement symptomatology was also used as an independent variable in one analysis. The Literature Review section of this dissertation discusses each variable and its purpose for being selected for inclusion into the study.

Relevance to Social Work Practice

This study has direct relevance to social work practice and research in several ways. First, social workers frequently encounter children experiencing the death of a loved one in a variety of practice settings (e.g., child welfare agencies, hospitals, schools, mental health centers, hospices, child bereavement centers, etc.). Currently, social workers must often treat grieving children with limited guidance from the literature in how to most effectively intervene with youth experiencing CABs. However, some evidence-based practices from the adult bereavement literature and common sense ideas suggest certain therapeutic strategies. This study's findings will shed light on this subject and provide avenues for clinical intervention.

With increased knowledge of youth CABs following this study, social work researchers might begin to further investigate this construct by identifying positive and negative CAB expressions (e.g., Field and Filanosky, 2010). Examples of positive CABs might include visiting the cemetery, having comforting dreams, keeping linking objects,

referring to the deceased in a place (e.g., Heaven), and a survivor's feeling of being watched by or sensing the deceased's presence that provides comfort or security. Examples of negative CABs could include disturbing hallucinations or nightmares, preoccupation or obsession with the deceased or his or her possessions, and a survivor's feeling of being watched by or sensing the deceased's presence that causes disturbance or fright. Once informed by the research, social work practitioners can incorporate formal assessments of CABs into their clinical practices with bereaved youth.

Findings from this study could also significantly impact social work practice in hospice settings. Anticipatory grief counseling sessions to discuss and encourage healthy CAB expressions among patients and their families could be incorporated prior to the death. These sessions could emphasize the importance of "goodbyes" and "connections" for patients and their surviving family members. Social workers could also intervene to facilitate healthy transitions from the patient being a daily, present part of the family to a person of memory following the death. As part of the life review work completed by many terminally ill individuals, hospice patients could also be encouraged to leave survivors opportunities for healthy expressions of CABs such as linking objects, video diaries, legacy journals, and memory scrapbooks.

With knowledge of caregiver symptomatology's effect on child CABs and symptomatology, clinical social workers in all settings might begin to assess a child caregiver's level of coping to facilitate healthy mourning behaviors and patterns among families. Social workers could also make efforts to educate bereaved children and caregivers on normal childhood and adolescent grief reactions. Such education might include attention to assessment focusing on potential CABs to the deceased. CAB

expressions might include journaling about memories, keeping linking objects, writing messages to the deceased, participating in memorialization activities, making cemetery visits, permitting discussion about dreams or visions of the deceased, and/or taking time to remember the deceased on significant dates.

Incorporating CAB assessment and exploration into clinical practice can be achieved in a multitude of ways. There are a myriad of clinical interventions utilized with grieving children and teens including family therapy, individual therapy, group counseling and support, and bereavement camps (Webb, 2005). Regardless of method of intervention, insights shed from this study will encourage social workers intervening with bereaved families to evaluate for CABs and incorporate ways to help children with CABs to the deceased.

Definitions

Grief and Mourning: A Distinction

The scarcity of attention and research has led to a phenomenon where many practitioners in fields others than bereavement fail to acknowledge the implications such avoidance may have on young clients. Even the most prevalent words used to describe bereavement emotions are sometimes misunderstood by practitioners and lay people. For example, the words *grief* and *mourning* are often applied synonymously. In truth, the Merriam-Webster Online Dictionary (2010) defines *grief* as a “deep and poignant distress caused by or as if by bereavement.” However, it defines *mourning* as “the act of sorrowing” or “an outward sign (as black clothes or an armband) of grief for a person’s death; a period of time during which signs of grief are shown” (Merriam-Webster Online Dictionary, 2010). These definitions provide a necessary clarification that *grief* describes

a person's internal response to death whereas *mourning* describes a person's external or public expression of those emotions. Bereaved is defined as "suffering the death of a loved one" and *bereavement* is defined as "the state or fact of being bereaved; especially: the loss of a loved one by death" (Merriam-Webster Online Dictionary, 2010).

In summary, human beings have the potential to experience grief following the death of a loved one but not all exhibit outward signs of mourning when bereaved. Factors such as gender, culture, age, religious beliefs, and societal standards impact feelings of grief and expressions of mourning during times of bereavement.

Definition of Key Terms

The following terms were used in this study. A *youth* was defined as a young person between the ages of 11-17 years who has experienced the death of a loved one (e.g., a family member or friend). A *caregiver* was defined as the primary adult caregiver of a bereaved youth who experienced the death of the same loved one (e.g., family member or friend) as the youth. A *continuing attachment bond (CAB)* was defined as an ongoing relationship with the deceased. A more thorough review of CABs as well as pertinent variable definitions is provided in the literature review and methodology sections of this dissertation.

CHAPTER 2: LITERATURE REVIEW

Introduction

Theory is an integral part of research on continuing attachment bonds and the first section of this Literature Review is a theoretical discussion addressing implications of attachment theory on the study of CABs. Following the theoretical review, the specific study variables will be identified and examined. The variables in this dissertation study have been organized into four main categories. Following are the four categories and accompanying variables under study: 1.) Caregiver Factors: Caregiver CABs and caregiver symptomatology; 2.) Youth Factors: Youth CABs and youth symptomatology; 3.) Demographics: Age/Developmental Level and spirituality/religion; 4.) Death Related Factors: Time elapsed since death, nature of death, and relationship to the deceased

The Literature Review is organized according to the headings above and specific hypotheses are provided following each subsection. Following extensive review of the four main sections, limitations of previous studies are discussed and a summary of the current study is provided.

Theoretical Discussion

The contemporary growth in the field of bereavement counseling seems to have been accompanied by exploration in the literature attempting to pinpoint those theories and practices which support bereavement counseling strategies and techniques (Bonanno & Kaltman, 1999). However, despite the present increase in the number of research

studies on this topic, there continues to be a significant void in empirically based evidence to support theoretical perspectives (Bonanno & Kaltman, 1999; Noppe, 2000; Regehr & Sussman, 2004). This disparity has led many bereavement counselors to practice in isolation from any particular theoretical framework. The lack of consensus regarding the most effective theoretical framework contributes to the wide range of theories and practices found in the bereavement literature. These theories include: grief work (e.g., Archer, 2001; Bonanno & Kaltman, 1999; Noppe, 2000), attachment (e.g., Archer, 2001; Bonanno & Kaltman, 1999; Noppe, 2000; Stroebe, Schut, & Stroebe, 2005; Stroebe, Stroebe, Folkman, Hansson, & Schut, 2006), cognitive stress (e.g., Stroebe, Schut, & Stroebe, 2005; Stroebe, Stroebe, Abakoumin, & Schut, 1996), cognitive-behavioral (e.g., Brown, Pearlman, & Goodman, 2004; Malkinson, 2001), and trauma (e.g., Regehr & Sussman, 2004). This chapter provides a brief review of cognitive stress, grief work, and attachment theories with a focus on the relevance of attachment theory in this study of CABs.

Cognitive Stress Theory

Cognitive stress theory is frequently referred to in the adult bereavement literature to explain an individual's subjective response to grief and its relationship to physical and emotional well being (Bonanno & Kaltman, 1999). Cognitive stress theory is based on the tenet that significant life events, such as the death of a loved one, invoke stress and require survivors to adjust and modify to their situations (Stroebe et al., 1996). Further, the level of stress largely depends on how the individual perceives and copes with the stressor (Stroebe et al., 1996). Bonanno and Kaltman (1999) emphasized that given each individual's responses to death are unique and subjective, the stress caused by the death

of a significant other is also unique and subjective. This explains why some survivors may experience grief reactions including anxiety, fear, or sadness in response to a death but such feelings may not result in lasting stress (Bonnano & Kaltman, 1999).

Stress theory also posits that social support networks provide survivors a “buffer” against the potentially negative effects on individual health caused by excessive levels of stress (Stroebe et al., 1996). By focusing more on process rather than outcomes, cognitive stress theory addresses an individual’s unique strategies of coping (Bonnano & Kaltman, 1999). In particular, stress theory suggests that some individuals tend to draw near the stressor while others seem to become avoidant and that such aversion can sometimes lead to adaptive coping (Bonnano & Kaltman, 1999). In contrast, the first theory used to explain a human’s response to bereavement, grief work theory, would perceive such avoidance as maladaptive.

Grief Work Theory

Grief work theory views coping from a psychoanalytic lens (Stroebe & Schut, 2001) and was first introduced by Freud in his famous article, “Mourning and Melancholia” (Bonnano & Kaltman, 1999). Today, language such as “working through” grief seems to be routinely identified by practitioners as a natural and integral component of the grief process (Regehr & Sussman, 2004, p. 289). However, Bonnanno & Kaltman (1999) warn that although grief work theory has dominated the literature for many years, there has been very little empirical research conducted to support its tenets.

A basic precept of grief work theory is the notion that survivors must completely detach all bonds with the deceased to avoid becoming morbidly preoccupied (Attig, 1996). Freud concluded that “emotional separation” from the deceased was necessary to

avoid pathological grief and to enable investment in new relationships (Attig, 1996, p. 176). This separation includes the eventual relinquishment of the attachment relationship and even the inner representation of the deceased (Noppe, 2000). It has been argued that grief work theory views bereavement as an illness that survivors need to “get over” implying that it is necessary to sever all continuing attachment bonds with the deceased (Silverman, 2002, p. 449). However, after experiencing the deaths of his daughter and grandson, Freud confided in others that grief work was not really a process that could be completed in entirety or result in severing all attachment bonds (Silverman & Klass, 1996). Unfortunately, Freud’s experiences with death were never translated into the underpinnings of grief work theory. With little empirical support for grief work theory and its opposition of CABs, it is necessary to review attachment theory for its use in research on ongoing relationships to the deceased.

Attachment Theory

Attachment theory is widely used today to hypothesize the strong impact that early attachment relationships have on an individual’s adult relationships (Stroebe et al., 2005; Noppe, 2000). Bowlby (1980) stressed that at every age, people’s lives revolve around the intimate attachments they form. During his initial research on attachment and the caregiver separation anxiety experienced by infants, Bowlby identified commonalities among those experiencing separation. Utilizing findings from nine research studies on bereaved widows, Bowlby (1980) described four phases of mourning experienced by survivors in the weeks and months following separation by death. These stages are characterized by numbness and shock, yearning and searching, despair and

disorganization, and reorganization. Bowlby described the phases as successive and noted that survivors frequently oscillate between and among them.

Utilizing his observations on infants and young children and reviewing findings from three studies on parentally bereaved children, Bowlby (1980) discussed attachment theory and its applicability to childhood bereavement with thorough descriptions of the mourning process as experienced by children. Bowlby hypothesized that even very young children experience death in ways that are similar to adults, including progression through the aforementioned four phases of mourning. However, he also acknowledged that children's lives and developmental capabilities differ from adults contributing to disparities in their mourning experiences. Some of these variations include children's lack of previous death experiences and accompanying coping strategies, complete dependence on adults for all death-related information, lack of control in many areas of life, commonly employed euphemisms (e.g., passed away) which can complicate children's understanding of death, and adult's frequent misunderstanding of children's grief reactions and emotions. Bowlby (1980) urged that it is imperative for children to have a supportive person to provide comfort and assistance during the mourning period.

Attachment theory and continuing attachment bonds to the deceased. In direct contrast to the grief work theoretical belief that bereaved individuals must cease all ties to the deceased in order to "recover", attachment theory suggests that some form of continued connection to the deceased is imperative (Bonanno & Kaltman, 1999; Noppe, 2000). In addition, although peer and organizational support networks are regarded as being beneficial for survivors, attachment theory posits that supportive networks alone cannot replace or compensate for the deceased or the lost attachment caused by the death

of a significant other (Stroebe et al., 1996). Attachment has been referred to as primal and/or instinctual indicating that it is natural for attachment bonds to continue following separation, abuse, divorce, or death (Shaver & Tancredy, 2001). Weiss (2001) provides an illustration stating “years after the (attachment) figure’s death, feelings and thoughts about the figure can be triggered by photographs, letters, or items of clothing” (p. 51). Although some scholars argue that Bowlby inappropriately supported the ceasing of all bonds for survivors following a death by using the words “detachment” in his earlier work, others contend that attachment theory provides positive implications for understanding the grief process (Field, Gao, & Paderna, 2005; Noppe, 2000).

In fact, Bowlby used the term “reorganization” in lieu of “detachment” in his later works to address the misrepresentation of his definition of “detachment” (Bowlby, 1980; Shaver & Tancredy, 2001, p. 81). Bowlby (1980) argued against Freud’s view of detachment citing evidence that a survivor’s sense of the continuing presence of the deceased can be adaptive. Bowlby’s views on CAB are exemplified several times in his 1980 text, “Loss: Sadness and Depression” (Bowlby, 1980). The following quotes from this work provide two illustrations of Bowlby’s recognition of CAB and its role in the mourning process: “failure to recognize that a continuing sense of the dead person’s presence, either as a constant companion or in some specific and appropriate location, is a common feature of healthy mourning has led to much confused theorizing” (p. 100) and “during the months and years that follow he will probably be able to organize his life afresh, fortified perhaps by an abiding sense of the lost person’s continuing and benevolent presence” (p. 243). Attachment theory’s support of a modified, ongoing

relationship with the deceased makes it a fundamental part of any research focusing on CAB.

As concluded, contrary to severing ties to the deceased, attachment theory posits that many bereaved individuals maintain a continuing attachment after the death. Once a death has occurred, the attachment relationship no longer permits physical presence and therefore must be redefined (Boerner & Heckhausen, 2003). Attig (1996) states, “we need not break our bonds with the deceased but instead redefine the nature of those bonds and their places in our lives” (p. 174). Further, Silverman and Klass (1996) posit that “the resolution of grief involves continuing bonds that survivors maintain with the deceased and that these continuing bonds can be a healthy part of the survivor’s ongoing life” (p. 22).

Survivors experience CAB in a variety of ways and such bonds have important implications in mourning behaviors and coping following the death (Noppe, 2000). The nature and type of this relationship is different for each bereaved individual (Noppe, 2000). The concept of continuing bonds or ongoing attachment has been operationally defined in different ways in the literature.

Benore and Park (2004) defined continuing attachment as “the bereaved person’s belief in an active, on-going relationship with the deceased” (p. 9). They described numerous representations of such relationships among the bereaved and deceased. These included maintaining attachment through memories; completing rituals or sharing stories; feelings of “spirit” or “presence”; manifestations through dreams or flashbacks; assuming qualities or characteristics of the deceased; maintaining belongings as linking objects to the deceased; allowing the deceased to remain as an active role model; and having direct

communication by visiting the cemetery or through prayer. The continued attachment is often formed as a mental representation of the deceased in which survivors imagine what the deceased would say or do in certain situations. In addition, they may attempt to reflect on memories or to seek out previously unknown information about the person who died (Boerner & Heckhausen, 2003). Klass (1993) cited Fairburn (1952) when defining continuing bonds in the form of an inner representation of the deceased. Indications of the inner representation include: sensing the deceased's presence; believing the deceased continues to influence the survivor's life; hallucinations; and the incorporation of the deceased's traits into the survivor's personality. The aforementioned inner representation is commonly achieved through linking objects, memories of the deceased, and religious practices and/or beliefs (Klass, 1993). More recently, Field and Filanosky (2010) distinguished between internalized and externalized expressions of continuing bonds. They defined externalized expressions as those characterized by illusions or hallucinations of the deceased whereas internalized responses are characterized by the "deceased as an internalized secure base that includes...the deceased as a role model and safe haven" (p. 10).

Stroebe et al. (2005) noted that although a bereaved individual will eventually accept that the deceased is not physically present, he or she will almost always remain a part of the survivor's continued life. In this vein, CAB can be maintained even after one completely accepts the death of a loved one (Field et al., 2005). Survivors are often acutely aware of the physical loss while experiencing the emotional presence to the deceased (Hogan & DeSantis, 1992). Wolfelt (2003) suggested bereaved children and adults need to relocate the deceased from a person of presence to a person of memory

during their work of reconciling the loss. This is congruent with the aforementioned redefining of bonds as described by Attig (1996). While it is apparent several terms have been used in the literature to describe a continuing bond, attachment, or legacy to the deceased, based on the literature review this study uses the term Continuing Attachment Bond (CAB) and defines it as an ongoing relationship with the deceased. Just as no two people mourn exactly alike, it is assumed that the nature of expression and strength of CABs largely differs between all bereaved children, adolescents, and adults.

Factors Influencing the Continued Relationship with the Deceased

Following the death of a loved one, there are numerous factors that influence a child's ability to cope and authentically mourn. A child's age or developmental level, gender, relationship to the deceased, nature of the death, time elapsed since the death, extent of the caregiver's continued bond with the deceased, caregiver support, spirituality or religion, culture, bereavement symptomatology, and coping efficacy are among commonly explored variables that influence childhood bereavement and coping (e.g. Haine et al., 2006; Hsu, et al., 2004; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004; Nickman et al., 1998; Rask, Kaunonen, & Paunonen-Ilmonen, 2002; Silverman, & Worden, 1992; Silverman et al., 1992; Wolchik, et al., 2008). When examining a child's ongoing connection to the deceased, researchers should evaluate the aforementioned factors and their potential influence on CABs.

Whereas more study has been afforded to adult survivors and the role of CAB and adjustment to bereavement, a small amount of literature is available on children. Caregiver factors influencing CABs were examined using the adult bereavement literature followed by a review of several studies on childhood bereavement to expound

on the remaining study variables and their potential role in forming a CAB with the deceased. The nine study variables: caregiver CABs, caregiver symptomatology, youth CABs, youth symptomatology, child's age/developmental level, spirituality/religion, time elapsed since death, nature of death, and relationship to the deceased were selected based on the literature to date, their relevance to CABs, and applicability to future research and practice with bereaved children and adolescents.

Caregiver Factors

Continuing attachment bonds and bereaved adults. In his chapter entitled, "Loss of a Spouse", Bowlby (1980) described several occasions in which widows from seminal studies on bereavement experienced continuing relationships with the deceased. These CABs were manifested through dreams, sensing of the deceased's presence, thinking about the deceased, and engaging in activities in a similar manner to the deceased or in new endeavors once performed only by the deceased. Bowlby (1980) warned that although most of the continuing relationships were adaptive when temporary, any behavior can become excessive or compulsive and lead to maladaptive mourning. At present, it is unclear whether maintenance of CABs is a normal and adaptive part of the bereavement process or if such expressions are maladaptive and contribute to complicated grief (Field et al., 2005; Foster et al., 2011; Lalande & Bonanno, 2006, Wood, Byram, Gosling, & Stokes, 2012).

CAB is a fairly recent concept of study among bereavement researchers and results seem to be mixed; however, the adult literature offers practitioners some insight. In an exit interview (N=70) of a longitudinal study of bereaved male caregivers of partners with AIDS, 91% of participants continued to maintain a relationship with the

deceased in some way (e.g., memories, communicating with deceased, guided by the deceased's presence, etc.) (Richards, Acree, & Folkman, 1999). In addition, Vale-Taylor (2009) conducted a study of 25 caregivers of hospice patients who were bereaved between 12 and 24 months. In her sample, maintaining CAB to the deceased was very important to survivors. The most popular CAB rituals among men and women were talking about the deceased and spending time with people close to the deceased. In addition, many other CAB activities were evident including the maintenance of linking objects, cemetery visits, and remembrance or memorialization activities.

In a qualitative study of 13 bereaved mothers in the United Kingdom, Harper, O'Connor, Dickson, and O'Carroll (2011) reported that most participants maintained a CAB to the deceased child. Common expressions of the bond included retaining a physical proximity to the deceased by visiting the cemetery, caring for the grave, or holding the deceased's ashes. In addition, bereaved mothers retained linking objects and held "symbolic representations" (p. 208) of the deceased in the form of everyday happenings where they sensed the child watching over or communicating messages to them (Harper et al., 2011). Datson and Marwitt (1997) conducted a study measuring personality constructs and perceived presence of the deceased in a sample of 87 bereaved adults between the ages of 45 and 84. They found that 60% of participants who experienced the death of a loved one perceived the presence of the deceased within 48 months following the death. Eighty-six percent of those who perceived the presence found the experience to be comforting. It was noted that the perceivers had higher degrees of neuroticism and extraversion.

In another study of continuing bonds, Neimeyer, Baldwin, and Gillies (2006) recruited 506 undergraduates who were bereaved within the previous 24 months and found that higher levels of attachment to the deceased, when the survivor expressed a lower ability to make sense of the loss, were positively associated with higher levels of grief symptoms. Because sense making “moderated the effect of continuing attachment on grief” (p. 733), this study informed practitioners of the need to include interventions that encourage meaning-making (Neimeyer et al., 2006) more than it concluded whether CABs are adaptive or maladaptive.

In a longitudinal study comparing culture and continuing bonds, 61 bereaved American and 58 bereaved Chinese participants completed self-report measures at 4 and 18 months post-death (Lalande & Bonanno, 2006). The findings indicated that while Chinese participants reported higher levels of CAB at 4 months, there was no significant difference at 18 months. In addition, higher levels of CAB at 4 months were inversely related to distress among Chinese participants at 18 months whereas a weak positive relationship was found among the US sample. However, higher levels of CAB at 18 months were positively associated with higher levels of distress at 18 months among both samples (Lalande & Bonanno, 2006). Similarly, Suhail, Jamil, Oyebode, and Ajmal (2011) examined continuing bonds among a small sample of 10 bereaved Muslims living in Pakistan. The authors found that all participants maintained some type of ongoing attachment bond to the deceased. As noted in other studies, the means by which the bond was maintained varied and included maintaining memories, having dreams of the deceased, talking to the deceased, saying prayers for the deceased or remembering them on religious holidays, living in accordance with the deceased’s practices, keeping linking

objects such as photographs or possessions that belonged to the deceased, etc. Of course, culture and/or religious preference plays a major role in these findings and will be discussed in more detail later in this dissertation.

Field and his colleagues have conducted a majority of the recent research on adult bereavement and continuing bonds. In a longitudinal study of 39 bereaved spouses, higher levels of continuing bonds were positively associated with greater grief-specific symptoms at five years post-death. However, CAB associations with general psychological symptoms such as depression and anxiety were much lower (Field, Gal-Oz, & Bonanno, 2003). Field et al. (1999) studied different forms of continuing attachment among 70 bereaved widows and widowers. They found that maintaining possessions belonging to the deceased was positively correlated with grief related distress and may be a maladaptive expression of CAB. However, the scale used indicated that those who permanently kept items of meaningful value and significance (as typical with linking objects) were given a score of 0 on the 3-point scale. Thus, the authors only included those having difficulty sorting through belongings or keeping items in a shrine-like fashion as “maintaining possessions.” It could be argued that such behaviors themselves are clinical indicators that a survivor is experiencing high grief intensity.

In a sample of 30 widows who completed self-report measures four times a day for two weeks, early bereaved widows (death occurred within previous four months) made greater use of CAB expressions than later bereaved widows (death occurred within 26 months) (Field & Friedrichs, 2004). There was also a positive correlation between continuing bonds expressions and Intrusion on the Impact of Events Scale (IES). In addition, there was positive within-person relationship between continuing bonds

expressions and positive mood suggesting CAB may be adaptive in later bereavement. This study had major limitations, the most prominent of which was the reactivity effects due to the frequency of repeated measure (Field & Friedrichs, 2004).

Most recently, in a web-based survey of 502 bereaved adults, Field and Filanosky (2010) distinguished between externalized and internalized CAB expressions. Externalized expressions were defined as items addressing “illusory or hallucinatory experiences involving the deceased” and internalized expressions included “use of the deceased as an internalized secure base that includes items addressing the deceased as a role model and safe haven” (p. 10). The authors found that both internalized and externalized continuing bonds were positively associated with complicated grief symptoms. Externalized continuing bonds were also associated with poorer perceived health while internalized continuing bonds were positively associated with personal growth. This could indicate that internalized CAB expressions are more adaptive than externalized expressions (Field & Filanosky, 2010). In contrast, Steffen and Coyle (2011) conducted a smaller, qualitative study which indicated that externalized expressions might be adaptive for some people. Their study included 12 bereaved adults who had experienced at least one episode of sensing the deceased’s presence. Almost all participants reported positive benefits as a result of the specific CAB experience(s).

In clinical practice, it often appears that either an avoidance of or a preoccupation with CAB could negatively impact a bereaved individual’s symptomatology. In addition, the nature and type of CAB expression is likely to be significant (Field & Filanosky, 2010). Despite inconclusive results, many practitioners now view CAB as a normal component of the bereavement process (Field & Filanosky, 2010). Much of the current

research on bereaved adults focuses on the continuing bond relationship and its correlation to symptoms of grief (e.g., Field et al., 2005, Field & Friedrichs, 2004; Field et al., 2003; Lalande & Bonanno, 2006; Neimeyer et al., 2006). However, only minimal research has explored the association between adult caregiver CABs and those of bereaved youth. In a qualitative study of 42 families bereaved by the death of a child to cancer, Foster et al. (2011) identified that both parents and their surviving children maintained continuing bonds to the deceased. Of note, 100% of parents and 92% of bereaved siblings experienced “purposeful reminders” of the child who died and only 18% of parents and 8% of siblings reported having “nonpurposeful” or unexpected reminders of the deceased (p. 426). A few of the purposeful reminders included talking or writing to the deceased, thinking about the person who died, maintaining personal belongings of the deceased, using visual reminders such as looking at pictures or videos, and engaging in memorialization activities such as visiting the cemetery or maintaining ashes (Foster et al., 2011). As will be discussed further in this Literature Review, very little research has been conducted thus far on youth and CABs.

Caregiver continuing attachment bonds. It seems logical that caregivers who maintain a CAB will most likely encourage such behavior in their children and enter into open dialogue about the deceased. However, not all adult survivors cope in this manner. Nickman et al. (1998) examined qualitative interviews from a subsample of 24 children and their parents from the larger Massachusetts General Hospital/Harvard Medical School Child Bereavement Study. The authors identified seven ways in which surviving parents contributed to a bereaved child’s connection to the deceased parent. The authors reported that surviving caregivers who quickly remove all possessions or reminders of the

deceased could negatively shape their child's attempts at maintaining bonds. Similarly, Silverman et al. (2003) studied semi-structured qualitative interviews from a subsample of 28 children and their parents from the larger Child Bereavement Study. The authors reported that surviving caregivers who fail to understand their children's needs to maintain a bond with the deceased could lead to negative effects on coping (Silverman et al., 2003). Caregivers who neglect to acknowledge the impact of the death on their children and to appreciate the role they play in modifying grief reactions may also contribute to problematic legacies (Silverman et al., 2003).

Silverman et al. (1992) described the importance of caregiver continuing bonds through the words of one parentally bereaved adolescent, "it makes me feel good when I hear my mother talking to someone about how nice my father was" (p. 501). Children whose parents help facilitate appropriate memorialization and encourage open conversations about death-related feelings form more positive legacies of the deceased (Nickman et al., 1998). However, in circumstances of sibling bereavement, a parent's excessive continuing attachment could impede a child's bereavement process and his or her ongoing relationship with the deceased. This might occur when a bereaved parent spends a great amount of energy immortalizing the deceased child at the expense of the surviving child's emotional needs. In contrast, when a parent avoids the notion of any CAB with his or her deceased child, there may be little tolerance for such behavior from the surviving sibling (Packman, Horsley, Davies, & Kramer, 2006).

In qualitative studies conducted thus far (e.g., Nickman et al., 1998; Silverman et al., 2003), caregiver CABs seem to significantly impact youth CABs. This study quantitatively examined the relationship between caregiver CABs and youth CABs and

assessed caregiver CAB as a potential predictor of youth CAB. It was hypothesized that caregiver CAB would be positively associated with youth CAB and would be associated with youth symptomatology. There have not been any studies conducted on predictors of youth CAB to date.

Caregiver symptomatology. A surviving caregiver can have a significant impact on the post-death functioning of a child or adolescent. Similarly, caregiver behaviors may have the ability to encourage or impede a child's CAB to the deceased. In a subsample of the 6-year longitudinal Family Bereavement Program Study, 50 parentally-bereaved adolescents and young adults (ages 14-22) were studied to identify predictors of posttraumatic growth (Wolchik et al., 2008). Seeking support from parents and guardians was a significant predictor of growth (Wolchik et al., 2008). These findings are consistent with Rask et al. (2002) who reported that 31% of the 89 Finish bereaved adolescents in their study indicated a parent helped them cope following the death. However, 2% of the respondents stated that parents or siblings made it more difficult following the death (Rask et al., 2002). This finding may provide insight into adolescents with poor caregiver support. A two-year longitudinal study of 360 parentally-bereaved youth (ages 6-17) and their caregivers indicated that children had better outcomes following a death when surviving parents had lower levels of depression (Cerel et al., 2006).

In a cross-sectional study using pretest data from 313 parentally-bereaved children in the Family Bereavement Program Study, positive parenting (i.e. caregiver warmth and consistent discipline) was significantly correlated with fewer mental health problems (Haine et al., 2006). Parental warmth was also found to be a positive predictor of resilience while caregiver mental health problems was a negative predictor of

resilience among a subsample of 179 bereaved children (age 8-16) in the Family Bereavement Program Study (Lin et al., 2004). The seminal longitudinal study on childhood bereavement was the Massachusetts General Hospital/Harvard Medical School Child Bereavement Study assessing the impact of parental death on a community sample of 67 families with 125 children ages 6-17 with a matched non-bereaved control group. Families were interviewed at 4, 13, and 24 months following the death (Worden & Silverman, 1996). At four months post-death, the manner in which surviving parents handled the death and funeral had an impact on overall family functioning (Silverman & Worden, 1992).

It is clear that caregiver support influences a child's functioning following a death. Thus, it is likely that caregiver symptomatology also influences a child's CAB to the deceased. A few of the positive caregiver to child behaviors identified in the aforementioned study by Nickman et al. (1998) included providing linking objects, talking openly about the deceased, assisting children in expression of grief related feelings, providing opportunities for memorialization, and demonstrating respect for the continued relationship with the deceased. Silverman et al. (2003) reported that the surviving caregiver's coping methods were significant factors in determining whether the continuing legacy had a positive or negative impact on bereaved children's lives. The authors suggested that caregivers should look for positive aspects about the death and reframe it in ways that children can understand. Additionally, when the deceased parent leaves a negative legacy, caregivers should name the problem, talk openly about it, and help surviving children cope with the problem and associated feelings (Silverman et al., 2003).

Caregiver support, coping, and post-death parenting style appear to play a significant role in child symptomatology following a death. It appears that caregivers who are processing their grief symptoms in a positive manner and able to remain attuned to their child's needs have children who process grief in more positive ways. This study specifically examined the relationship between caregiver symptomatology and youth CAB and symptomatology. Based on the aforementioned literature regarding the relationship between caregiver coping, warmth, and symptomatology and child coping, it was hypothesized that caregiver symptomatology would be significantly associated with youth CAB. In addition, caregiver symptomatology was also explored as a potential predictor of youth CAB.

Youth Factors

Youth continuing attachment bonds. Bowlby (1980) noted that children often insist on retaining possessions or photographs of the deceased as a way of maintaining attachment. As discussed earlier, many bereavement practitioners now believe a CAB with the deceased may contribute to positive mourning behaviors and subsequent adjustment to the death (Sussillo, 2005). However, little research has been conducted on CABs and bereaved children and adolescents. In the aforementioned Child Bereavement Study, researchers discovered that a majority of bereaved children made attempts to maintain a connection to the deceased rather than sever all ties (Silverman & Nickman, 1996). Four months following a death, 79% of parentally bereaved children reported having thoughts about the deceased several times a week (Silverman & Worden, 1992). In addition, bereaved children attempted to maintain connections by talking to the deceased (57%), keeping linking objects (76%), having dreams about the deceased

(55%), believing they were being watched over by their deceased parents (81%), and visiting the cemetery. Whereas most of these attempts at maintaining CAB provided comfort to the children, 57% of the children who believed the deceased were keeping watch over them worried they would disappoint the deceased and therefore viewed the experience as frightening. The 24% who were not afraid stated a belief that the deceased was a protector.

In the aforementioned study by Foster et al. (2011), 92% of children (n= 39) attempted to maintain a connection to their deceased siblings. Similar to the Child Bereavement Study, bereaved youth reported maintaining bonds through talking to or writing to the deceased (18%), maintaining the deceased's personal possessions as linking objects (44%), and visiting the cemetery (5%). In addition, youth reported looking at photographs or other visual reminders of the person who died (28%), visiting locations of the deceased (e.g., bedroom), (18%), thinking about the deceased sibling (15%), engaging in memorialization activities (13%), and participating in activities once enjoyed by the deceased (8%). Not all youth reported whether the CAB was positive or negative but of those who did, 28% found CABs to be "comforting" while only 3% found them to be "discomforting" (Foster et al., 2011, p. 434).

In one of the most recent qualitative studies of CAB and children, Wood et al. (2012), interviewed 10 youth (age 8-15 years) bereaved by suicide. The authors reported that all of the participants maintained a CAB to the deceased. Ninety percent of participants cited an "external existence" (p. 885) of the deceased as in living on in the afterlife or being able to watch over them and 80% noted a feeling of "internal connection" (p. 885) in which they shared similarities in terms of personality, abilities,

temperament, etc. with the deceased. However, the children who shared negative traits with the deceased parent attempted to separate themselves from such connections. Youth participants also reported having ongoing communication with the deceased by either writing (30%) or talking (50%) to them. Most of the children reported this communication as positive; however, one child indicated it was a negative experience because he did not receive a response from the deceased. These findings from Wood et al. (2012) further the previously noted discussion in the field of whether CABs are adaptive or maladaptive for bereaved individuals.

Silverman et al. (1992) suggested that efforts to maintain a connection to the deceased are a child's attempt to process and make sense of the death. They described this attachment bond as an "inner representation or construction" of the deceased (p. 502). In a qualitative analysis of interview data from a subsample of 24 families in the Child Bereavement Study, five categories of connection were presented. These included memories, maintenance of linking objects that previously belonged to the deceased, locating the deceased (e.g., the afterlife), experiencing the deceased (through dreams, methods of communication, etc.), and reaching out to the deceased to maintain a connection (Silverman et al., 1992). A parallel study of bereaved Israeli Jewish children was conducted in which 23 families with 43 children also indicated they maintained a relationship with the deceased (Silverman & Nickman, 1996).

Kempson and Murdock (2010) conducted a qualitative study of 15 adults whose deceased siblings were unknown to them (died before their own birth or during infancy). They found that 80% of the adult participants still identified themselves as the "primary memory keeper" (p. 745) of the family in which their CABs were a way to ensure the

memory of their deceased sibling. These CABs were also maintained to ensure a strong connection with the sibling they never knew in childhood. These findings further validate the aforementioned notion of Silverman et al. (1992) in which children maintain CABs as a method of processing and making sense of the death in their own lives.

The concept of a continued and evolving relationship with the deceased was later described as a legacy (Silverman et al., 2003). Further evaluating qualitative data from a subsample of 12 families with 20 children in the Child Bereavement Study, the authors identified five types of legacies and explored the positive and negative aspects of CAB on grieving children. These included role-related legacies, legacies of blame, emotional legacies, personal qualities legacies, and health-related legacies. An example of one legacy that could be positive or negative is the role-related legacy. Children and adolescents frequently take on responsibilities of the deceased following death. This can be productive and helpful to the family and can assist the surviving child in feeling close to the deceased. As one child stated, 'I feel like he's watching over me; helping me at times' (Silverman et al., 2003, p. 340). In contrast, some children, particularly adolescents, take on role-related legacies that are maladaptive where acting as a surrogate spouse or parent becomes their primary role in the family at the expense of their childhood. Children with more severe emotional and behavioral problems were at greater risk for developing CABs that were negative in nature. In addition, a parent's coping style played a significant role in whether a particular legacy served as adaptive or maladaptive for children. As previously noted, caregiver symptomatology appears to significantly impact youth symptomatology.

In a study of 225 families with 157 bereaved adolescent siblings, Hogan and DeSantis (1992) analyzed participants' responses to the question, "If you could ask or tell your deceased sibling something, what would it be?" (p. 159). The authors refer to the theme of "ongoing attachment" (p. 164) to describe the adolescents' references to CAB. Six categories of attachment were identified including reaffirming, regretting, catching up, influencing, endeavoring to understand, and reuniting. Eighty-one percent of participants responded to the category of "reaffirming" where adolescents expressed missing their sibling while also reaffirming their continuing love. The category of "reuniting" indicated an anticipated reunion with the deceased in the afterlife and in the category "catching up," survivors attempted to ask about the deceased's well-being and inquire about the afterlife while informing them of recent family happenings. Siblings also sought guidance from the deceased and attempted to maintain memories of the deceased in the category of "influencing." Overall, this study provided further validation that bereaved children and adolescents maintain emotional bonds to the deceased in spite of permanent physical absence (Hogan & DeSantis, 1992).

In an intervention study of a grief and trauma group for grieving children (ages 7-12) exposed to Hurricane Katrina, the authors provided an excellent illustration of CAB in clinical practice (Salloum, Garside, Irwin, Anderson, & Francois, 2009). The children discuss maintaining CABs through linking objects, ongoing discussions with the deceased, remembering the deceased, sensing the deceased's presence, and looking at photos. A concrete example of the importance of linking objects for children is provided by a young boy in the study whose cousin died by homicide. He brought a chain once belonging to his cousin to group and stated, 'I can take it out anytime and talk to my

cousin when I miss him' (Salloum et al., 2009, p.75). The linking object appeared to serve as a conduit for other expressions of CABs.

In a sample of 52 Taiwanese widows and their 30 children, Hsu et al. (2004) examined the role of continuing attachment in Taiwan through participant observation and interview narratives. The authors discovered that children needed to ensure the deceased would not be forgotten prior to reinvesting energy into maintaining familial "wholeness." In addition, although discussions about the death are considered taboo in Chinese culture, children expressed a desire to share memories as a way of forming connection to the deceased. Over half of the children continued to communicate with the deceased in the form of talk, prayer, dreams, and a feeling of being watched over. While children rarely shared their attempts at maintaining CAB with their mothers, "both groups worked toward maintaining the same goal: preserving the deceased as a member of the surviving family" (Hsu et al., 2004, p. 779). The religious and cultural influences on CABs evident in this and other studies will be further discussed in this dissertation.

This study sought to identify the factors associated with youth CAB such as caregiver symptomatology and caregiver CAB. It also identified predictors of CABs among youth. It was hypothesized that youth CAB would be significantly associated with youth symptomatology.

Youth symptomatology. Many of the aforementioned and latter noted study variables influence a child or adolescent's symptoms of grief following a death. However, the role that CABs play in youth symptomatology has not been thoroughly studied and findings are tentative at best. As previously discussed, Silverman et al. (2003) reported that children in the high risk group (those with higher symptomatology) were

more likely to have CABs to the deceased that manifested as negative legacies than those in the comparison group with lower symptomatology. This study helped fill the gap in the literature by examining the relationship between CABs and youth symptomatology. As previously stated, it was hypothesized that youth CAB would be significantly associated with youth symptomatology. In addition, youth symptomatology was examined as a potential predictor of youth CAB.

Demographics

Age / Developmental level. A child usually mourns according to his or her cognitive developmental level (Bowlby, 1980). In fact, a majority of the existing knowledge about childhood mourning behaviors is consistent with theories of lifespan development. Specifically, Jean Piaget's theory of cognitive development is essential when determining a child's ability to comprehend and process certain aspects of a death (Schoen, Burgoyne, & Schoen, 2004). However, many children have been observed to progress through the stages of cognitive development more rapidly than Piaget estimated; therefore, grief reactions are more appropriately described in terms of a child's developmental age rather than chronological age (Robbins, Chatterjee, & Canda, 2006).

Children's progression through the bereavement process includes their ability to gain an understanding of the four components of death (DeSpelder & Strickland, 2009; Poling & Hupp, 2008). The first is the concept of *universality* in which children gain an awareness that death happens to all people and all living things. Second, is *irreversibility* in which children discover that death is final and cannot be reversed. This is exemplified in children who understand that once something is dead, it cannot return to life. Third, is *nonfunctionality* which is the understanding that death occurs because the physical body

stops working and all bodily functions cease after someone dies. Fourth, is the tenet of *causality* in which children acquire the knowledge that there are many different causes of death. A child's awareness and understanding of the variation in death causality increases as his or her developmental age and exposure to or education about death increases (DeSpelder & Strickland, 2009; Norris-Shortle, Young, & Williams, 1993; Poling & Hupp, 2008). The aforementioned concepts describe a framework for a child's understanding of death and reflect numerous mourning behaviors that accompany each tenet.

Given that mourning behaviors differ with each developmental stage, it is likely that there are differences in children's CABs according to their developmental stage. It is essential for children to continue a healthy relationship with the deceased which will naturally change and evolve as the child grows into adulthood (Dowdney, 2005). In the case of parental death, it has been suggested that memories of parents greatly contribute to a child's personality formation (Buchsbaum, 1996). A child survivor's CAB to the deceased is dynamic and adapts over time to meet varying developmental needs (Silverman et al., 1992; Sussillo, 2005). Silverman and Worden (1992) found that of the 57% of parentally bereaved children who reported talking to the deceased following the death, almost half felt they also received an answer. The majority of children who believed they received an answer were "younger" (exact ages not specified by author but presumed to be under 11 years old based on other age classifications) (Silverman & Worden, 1992). As already noted, some bereaved children maintain a CAB in the form of a "role-related legacy" in which they take on adult responsibilities that once belonged to the deceased (Silverman et al., 1992, p. 340). This can be positive for some children or

can become burdensome for others, particularly teenagers who fill the role of surrogate parent for younger siblings or surrogate helpmates for a surviving parent. Silverman et al., (1992) stated,

the construction of a lost parent is an ongoing cognitive process. The nature of the construction of the deceased is connected to the child's developmental level with particular reference to children's changing ability to know themselves and to know others (p. 496).

Although youth in this study were 11-17 years of age, these emerging adolescents and adolescents were likely to experience different symptoms of grief and different types of CABs. It was possible that the specific type of CAB expression differs between younger (ages 11-13) and older (ages 14-17) youth. Based on the literature, it was hypothesized that age/developmental level would be a predictor of youth CAB.

Spirituality/Religion. A belief in the afterlife is a common facilitator for continuing bonds following a death. Seventy-four percent of parentally bereaved children reported that their deceased parents went to a place following the death (Silverman & Worden, 1992). American children usually named the place as "Heaven" and Israeli children frequently answered "in the grave" while some identified it as "Heaven" or the "Garden of Eden" (Silverman & Nickman, 1996, p. 77). In the sample of American children, participants often located the deceased in Heaven or discussed the spirit with attributes of the living such as the ability to move, see, and hear. There was no significance between religious background and a child's belief in the afterlife. Even when not identifying as Christian, many children shared the CAB of locating the deceased as a way of making sense of the death (Silverman & Nickman, 1996). Nickman et al. (1998)

found that surviving parents who were able to support their children in their particular afterlife beliefs, even when they disagreed, provided great value to children who were attempting to maintain a CAB.

In their previously noted study of bereaved gay men, Richards et al. (1999) reported that 43% of participants who discussed spirituality also believed in an ongoing but changed relationship with their deceased partners. Further, Steffen and Coyle (2011) reported that all bereaved participants who sensed the presence of the deceased believed it related to the afterlife in some way. This led to spiritual questioning, exploration, reflection and/or growth in many of the participants.

In the aforementioned study of Pakistani Muslims by Suhail et al. (2011), cultural and religious expressions of CABs were prevalent. Adult participants engaged spirituality in CABs when remembering the deceased on religious holidays, reciting prayers or reading the Quran for the deceased, engaging in charitable acts, and “celebrating the death commemoration for the benefit of soul of the deceased” (p. 35). The authors noted that such religious practices are common in Islam to assist the deceased in gaining forgiveness in the afterlife (Suhail et al., 2011). In addition, religious beliefs served as an asset to most participants helping them make sense of the death and leading to improved coping. Similarly, in the previously noted study of the role of continuing attachment in Taiwan, Hsu et al. (2004) highlighted the cultural and religious aspects of CABs. Most participants in their study sought to connect with the deceased as a way of maintaining the religious and cultural sense of “wholeness” which the death of a father significantly disrupts. In some ways, it was imperative that a CAB be maintained (p.768). Both child and adult participants communicated with the deceased and sensed the deceased’s

presence with them. Many widows used religious practices (folk and contemporary) to maintain a connection to the deceased. In addition, the religious rituals of family or ancestral alters were frequently utilized as a form of communicating with the deceased (Hsu et al., 2004).

Similar patterns may exist among children and adults in Western society depending on specific religious or spiritual beliefs about the afterlife. Balk (1991) cautions practitioners against assuming that having a religious belief makes the mourning process less painful or easier to reconcile for bereaved adolescents. Rather, it may have an impact on specific mourning behaviors following a death. Spirituality and religion are frequently identified as separate constructs and there is much debate in the literature over defining these terms. Balk and Corr (2001) defined both and state “all who grieve are engaged in a spiritual task- that is, in a profound quest for meaning” (p. 208). In this study, the words spirituality and religion were used interchangeably and defined by a measure of spiritual well-being. Researchers should include the role that religion or spirituality has on the continuance or avoidance of a CAB with the deceased.

Culture. Just as spirituality impacts coping and CAB, culture likely plays a significant role in whether a child maintains CABs to the deceased and the specific type of CAB expression. Culture influences religious preference and depicts the societal standards one is likely to adhere to while in mourning. Ancestral worship is an important aspect of bereavement in many Eastern cultures, especially among Japanese Buddhists (Klass, 1996). It “is an elaborate series of rituals supported by sophisticated theory, by which those who are living maintain personal, emotional bonds with those who have died” (Klass, 1996, p. 59). The spirits are accessible for 35-50 years and bonds are

maintained through many avenues including grave visits, a festival of spirits of the dead, home alters, and memorial tablets (Klass, 1996). Hsu et al. (2004) also discussed the concept of ancestral worship in his study of the Taiwanese. Some widows in the study practiced folk beliefs supported in the culture including visiting psychics or mediums as a way of communicating with the deceased's spirit (Hsu et al., 2004). Suhail et al. (2011) notes that many of the ceremonies encouraging discussion and memorialization of the deceased performed by Muslim participants in their study are strongly influenced by the Pakistani culture.

In the aforementioned study of continuing bonds in the United States and China, Lalande and Bonanno (2006) stated that the current Chinese Communist Party has discouraged many of the funerary rituals and set guidelines for mourning practices and ceremonies that are shorter. However, it appears the urban areas have been more impacted by these new standards while old customs continue in rural areas. In their study, Chinese participants had significantly higher levels of continuing bonds at four months post-death but there was no significant difference between Chinese and American participants' levels of continuing bonds at 18 months post death. The authors posit this finding might be explained by the Chinese cultural belief that memorialization rituals not extend past the first year of bereavement (Lalande & Bonanno, 2006).

Although very few studies have addressed CABs and culture, it is apparent spiritual and cultural beliefs play a role in many aspects of the mourning process. In addition, there are a variety of subcultures and religious beliefs among Americans that likely influence CABs following a death. Based on the geographic location of study participants, it was anticipated that most participants would be Caucasian with some

representation from Hispanic and African American communities. Based on this limitation, culture was not examined as a key variable in this dissertation. Rather, culture was examined as a demographic variable to describe the study sample and provide implications for future. Although it was anticipated that most participants would likely identify with a religious or spiritual background, it also appeared that spirituality might influence youth CABs. Therefore, it was hypothesized that spirituality would be a predictor of youth CAB.

Death Related Factors

Time elapsed since death. In the Child Bereavement Study, Worden and Silverman (1996) discovered that while there were no significant differences between bereaved children and their non-bereaved counterparts at one year post-death, bereaved children displayed significantly higher levels of social withdrawal and anxiety at two years post-death. In addition, higher levels of social problems and thought problems were nearly significant among the bereaved children at two years. Likewise, while not evident at one year post-death, bereaved children had significantly higher rates of behavioral disturbance than their non-bereaved controls at two years. These findings indicate that symptom severity among bereaved children increased and became significantly different than the non-bereaved counterparts at two years. Similarly, in a self-report study of 89 adolescents in Finland, only one respondent indicated that a passage of time assisted with coping following the death (Rask et al., 2002).

Just as coping and grief symptomatology change, it is logical connection to the deceased may adapt with the passage of time as well. In this vein, Silverman et al. (1992) note that some children who reported less connection to the deceased at four months

following the death reported more attempts at connection one year after the death. Although several studies have examined CAB and the passage of time with adult survivors (e.g., Field & Friedrichs, 2004; Field et al., 2003; Lalande & Bonanno, 2006; Neimeyer et al., 2006), more study is needed to determine if CABs emerge or change in strength as time elapses from the death (Balk & Corr, 2001). Despite the fact that this dissertation study was not longitudinal, cross-sectional data of youth who experienced deaths at various times were examined. It was hypothesized that time elapsed since death would be a predictor of youth CAB.

Nature of death. The few child and adolescent bereavement studies analyzing CAB as part of a larger study have not focused on nature of death and its relationship to CABs. In the aforementioned study of 502 bereaved adults, Field and Filanosky (2010) discovered that participants whose loved ones died by violent means (e.g., homicide, accidents, or suicide) reported higher externalized CAB expressions than those whose loved ones died by non-violent means. Also, those whose loved ones died of a chronic illness reported lower externalized CAB expressions than all other types of death including acute illnesses (Field & Filanosky, 2010). In a two-year longitudinal study of 360 parentally bereaved children age 6-17, nature of death was categorized as anticipated or unanticipated (e.g., sudden death or death within two weeks of diagnosis) (Cerel et al., 2006). The authors found no significant differences in symptomatology due to nature of death among their sample (Cerel et al., 2006).

In a longitudinal study of 176 parentally bereaved children and young adults age 7-25 and 168 non-bereaved controls, all participants experienced the sudden death of a parent by suicide, accident, or natural cause (e.g., heart attack) (Brent, Melham,

Donohoe, & Walker, 2009). Nature of death was found to be associated with characteristics of symptomatology. Those whose loved ones died by suicide reported higher levels of depression and substance abuse and suicide was one of six predictors of depression at the 21-month assessment. In addition, those whose loved ones died in accidents reported higher rates of depression than their non-bereaved controls at the 21-month assessment and reported the highest grief symptomatology of all the bereaved participants (Brent et al., 2009).

Nature of death and CAB has significant implications for practice, especially among those experiencing anticipated deaths. Hospice social workers can intervene early in situations of anticipated death by helping children establish positive memories with their loved ones prior to the death. Patients might write memory journals or create video diaries leaving messages and mementos for surviving children to encourage healthy attachment bonds. Research focusing on children and CABs must investigate the role that nature of death plays in CAB and symptomatology. It was hypothesized that nature of death would be a significant predictor of youth CAB.

Relationship to the deceased. The few studies on youth CAB have focused specifically on one type of relationship to the deceased such as sibling or parental death (e.g., Foster et al., 2011; Hogan & DeSantis, 1992; Hsu et al., 2004; Silverman et al., 2003). Likewise, the majority of studies on bereaved children and adolescents have had samples in which only one type of death was experienced by all participants (e.g., Brent et al., 2009; Cerel et al., 2006; Foster et al., 2011; Sandler et al., 2003; Worden & Silverman, 1996). Others that have sampled youth who experienced deaths of loved ones

or friends have often not reported relationship to the deceased as a study variable (e.g., Pfeffer, Jiang, Kakuma, Hwang, & Metsch, 2002).

Servaty-Seib and Pistole (2006) examined the relationship to the deceased in a sample of 90 bereaved adolescents (14-18 years old). Half of the sample reported experiencing the death of a grandparent while the others experienced the death of a friend, cousin, aunt, or uncle. Adolescents who experienced the death of a friend had significantly higher grief symptomatology than those who experienced the death of a grandparent. However, emotional closeness to the deceased was a significant predictor of grief symptomatology for adolescents regardless of the relationship to the person who died.

There is a large gap in the literature related to the role that relationship to the deceased plays in symptomatology among bereaved youth. Rather than limiting the sample to only one type of death experience, this study attempted to fill the gap by sampling participants who have diverse death experiences (e.g., death of parent, sibling, friend, other relative, etc.). With no prior research informing the role that relationship to the deceased plays in CABs among youth, it was hypothesized that relationship to the deceased would be a potential predictor of youth CAB.

Limitations of Previous Studies

Several limitations of the previous studies on youth bereavement and CABs were highlighted in the Introduction section of this dissertation and have been discussed throughout the Literature Review. Research on normal childhood and adolescent bereavement is limited and practitioners often rely upon acquired practice wisdom to make decisions. In addition, very few studies have included an exploration of youth

CABs and even fewer studies have primarily aimed to examine the relationship between caregiver CABs and youth CABs. Although youth bereavement practitioners frequently encounter children expressing CABs, little is known about this construct.

Of primary importance is the disparity of social work research in the field of bereavement, especially childhood and adolescent bereavement. Only three of the articles cited thus far (e.g., Malkinson, 2001; Norris-Shortle et al., 1993; Salloum et al., 2009) were published in social work journals and only one (e.g., Salloum et al., 2009) was part of a formal intervention study. In addition, most of the authors publishing on childhood bereavement are from disciplines other than social work. Despite the fact that many social workers intervene with grieving children at child welfare agencies, hospitals, hospices, mental health centers, and children's bereavement centers, very few are conducting research on the topic of childhood bereavement. This study filled the gap by being one in which a social worker was the primary investigator of a childhood and adolescent bereavement study and perhaps the first social worker to examine CAB among bereaved youth.

Summary of the Study

This study examined CABs among a sample of bereaved youth ages 11-17 and their adult caregivers. The relationship between youth CABs and caregiver CABs was explored while examining potential predictors of CABs among bereaved youth. Due to the limited availability of research on CABs among youth to guide finding expectations, most of the study hypotheses are non-directional in nature. The following research questions and accompanying hypotheses were investigated:

Primary Research Aims:

1. What are the most commonly reported CAB expressions among youth and adults?
 - a. This research question was answered using a qualitative question and will not have an accompanying hypothesis.
2. To what extent are caregiver CAB and caregiver symptomatology associated with youth CAB?
 - a. It was hypothesized that caregiver CAB would be positively associated with youth CAB. Specifically, higher levels of caregiver CAB would be associated with higher levels of youth CAB.
 - i. It was further hypothesized that closer relationships to the deceased among caregivers would be associated with closer relationships to the deceased among youth and conflictual relationships to the deceased among caregivers would be associated with conflictual relationships to the deceased among youth.
 - b. It was hypothesized that caregiver symptomatology would be significantly associated with youth CAB.
3. To what extent are caregiver CAB and youth CAB associated with youth symptomatology?
 - a. It was hypothesized that caregiver CAB would be significantly associated with youth symptomatology.
 - b. It was hypothesized that youth CAB would be significantly associated with youth symptomatology.

Exploratory Research Aim:

4. What caregiver variables, youth variables, demographic variables, and death related variables significantly influence youth CABs?
 - a. It was hypothesized that caregiver CAB, caregiver symptomatology, youth symptomatology, age/developmental level, spirituality, time elapsed since death, nature of death, and relationship to the deceased would be predictors of youth CAB.

CHAPTER 3: METHODOLOGY

Overview of the Study

This study was one of the first whose primary aim was to examine the relationship between youth and caregiver CABs. To ensure adequate sample size and diversity among participants, two children's bereavement centers in the Central Florida area were utilized for sampling. Chapters Health System is one of the largest not-for-profit hospice providers in the nation serving Polk, Highlands, Hardee, and Hillsborough counties in Florida. In Hillsborough County, Chapters Health System operates Lifepath Hospice (LPH) in which the Circle of Love Center for Grieving Children serves approximately 400 bereaved youth and their caregivers each year. In the remaining counties, Chapters Health System operates Good Shepherd Hospice (GSH) in which the Bethany Center for Grieving Children serves approximately 500 bereaved youth and their caregivers each year. Both centers provide various supportive services to grieving families including weekend bereavement camps and open-ended volunteer facilitated support groups.

The youth participants in this study ranged in age from 11-17 years and were participants in one or more of the bereavement programs at LPH or GSH (e.g., support group, individual counseling, and bereavement camp). Additionally, one primary adult caregiver (who was also bereaved by the same death as the child) of each youth was sampled. There were no exclusionary criteria for youth to enroll in services at the grief centers of LPH or GSH. All bereavement services were free of charge and youth were

accepted regardless of nature of death and time elapsed since death. Data were collected by the Principal Investigator (PI) and trained staff members or grief center volunteers of LPH or GSH.

The PI worked for Good Shepherd Hospice from 2001-2007 and served as the Bereavement Manager of the Bethany Center for four years. She left Good Shepherd Hospice to pursue her doctoral studies in social work while researching youth bereavement. The PI maintains a volunteer position at the Bethany Center as a support group facilitator and Camp Brave Heart (annual bereavement retreat for children age 6-16) cabin leader. The PI maintains an excellent working relationship with her former supervisor and staff members at GSH and former colleagues at GSH and LPH.

Ethical Considerations

The PI applied for review and approval for the research study with the Chapters Health System Internal Research Review Panel (RRP) (Appendix A) and the University of South Florida Institutional Review Board (IRB) (Appendix B). All key personnel collecting informed consent and assent completed the USF IRB educational requirements. The PI also conducted a training session for the staff members or volunteers of GSH and LPH who were actively involved in obtaining instrument administration and data collection. Issues such as informed consent and assent, confidentiality, research protocol, and administration of the instrument were among the topics addressed. Last, all research study documents including completed data collection and demographic forms were stored in a locked file drawer in the PI's work office. Any computer files with participant information were password protected.

Design

This study was a cross-sectional design in which data were obtained from youth and their caregivers at one point in time. The main threat to internal validity with this type of design includes establishing time order of the variables. However, because little research has been conducted on this topic, a cross-sectional design helped build the social work knowledge base (Rubin & Babbie, 2011). This and other threats to validity will be discussed in the Limitations section of this dissertation.

Definitions of Key Variables

A continuing attachment bond (CAB) was defined as the ongoing relationship with the deceased as measured using Track II of the Two-Track Bereavement Questionnaire (TTBQ) (Rubin et al., 2009) that included three subscales measuring relational active grieving, a close and positive relationship to the deceased, and a conflictual relationship to the deceased. Youth CAB was measured using an adapted youth report version of Track II of the TTBQ designed for this study. Further details will be provided in the Instrumentation section of this chapter.

Spirituality was defined as the degree of spiritual well-being as measured using the Spiritual Well-Being Scale (SWBS) (Ellison, 1983).

Time elapsed since death was defined as the number of months or years that have passed since the person died.

Nature of death was defined as the type of death experienced by the person who died. It was measured by an open-ended question on the self-report youth and caregiver demographic forms. It was also measured as being anticipated or sudden. *Anticipated*

death was defined as a death in which the survivor had some knowledge for more than two weeks that the death might occur. *Sudden death* was defined as a death in which the survivor had no prior knowledge (or less than two weeks notice) that the death might occur and/or the death was sudden and unanticipated (Cerel et al., 2006).

Relationship to the deceased was defined as the youth or caregiver's relationship to the person who died as answered by a single question on the demographic form. Relationships included but were not limited to parent, step-parent, spouse, sibling, child, grandparent, aunt, uncle, or friend.

Two types of bereavement symptomatology were collected. *Bereavement symptomatology* was defined as symptoms of grief that were currently present. *Youth symptomatology* was measured using the total score of the Strengths and Difficulties Questionnaire (SDQ 11-17) (Goodman, 2001) and *Caregiver symptomatology* was measured using the Track I score of the TTbQ. These instruments are discussed in further detail in the Instrumentation section of this chapter.

Sample

Availability sampling was used to produce a sample of 50 bereaved youth (ages 11-17) and their 46 adult caregivers. Sample demographics are presented in Chapter 4: Results.

Data Collection

As previously stated, all data were collected by the PI or trained staff members of the children's bereavement centers. The data were collected in an ongoing two-step process that included formal recruitment and data collection between the dates of March 2012 and May 2013. The Bethany Center and Circle of Love Center provided each

family a \$20 Walmart giftcard as compensation for participation. This nominal gift was provided to compensate for travel time to and from LPH and GSH.

Step 1: Recruitment of Participants

Current eligible clients participating in any bereavement services of GSH and LPH (e.g., support group, individual counseling, and bereavement camp) were sent recruitment letters (Appendix C) via e-mail and standard mail. Eligible clients were also provided recruitment letters and/or information about the study in person by their bereavement counselors. Current support group participants (youth and their caregivers) at GSH and LPH were educated about the study by the PI, trained administrators, and/or staff members during their support group sessions using discussion and study recruitment letters. The recruitment letter included a detailed discussion of the risks and benefits of participation, emphasized that participation was voluntary, and requested that interested clients contact the PI or bereavement staff member to schedule a data collection appointment. In some cases, the staff members were able to collect data during the same visit in which interest was indicated.

Step 2: Survey Administration to Participants

Prior to completion of survey instruments, written informed consent was obtained from caregivers and written informed assent was obtained from youth ages 12-17. Verbal informed assent was obtained from youth age 11. The PI and/or IRB trained administrators collected informed consent and assent from all participants in person and over the telephone. After consents were obtained, trained staff members and/or the PI provided and collected all data collection forms (demographic form and standardized instruments) from participants. Caregivers and youth were in separate rooms when completing the

instruments. To avoid any potential conflicts of interest, the PI did not collect informed consent/assent from youth enrolled in the support group she facilitates. Instead, another IRB trained administer collected consent/assents from those youth.

Missing Data

Procedures were established to guard against missing data at the time of instrument completion. Administers spoke to all participants prior to instrument completion emphasizing the importance of answering all items. All administers were trained to screen the demographic and data collection forms for missing data prior to participant departure. If missing data were identified, participants were asked to complete the missing items prior to departure. In addition, questionnaires included a final item, “all instrument items have been reviewed and checked for missing data” to be completed by each trained administer prior to dismissing study participants.

However, because it was not possible to guard against all missing data, procedures were also established for handling missing data during data analysis. First, the data set was examined for missing data and for potential patterns in the missing data (Heppner & Heppner, 2004; Mertler & Vannatta, 2005). Of the 3250 scale data points for youth participants, only 6 (less than .02%) were missing data. Of the 3220 scale data points for adult participants, only 9 (less than .02%) were missing data. Given missing data were random and limited, a mean substitution was used (Mertler & Vannatta, 2005; Tabachnick & Fidell, 2007). Consistent with Salloum (2008), the mean substitution was performed by calculating the specific individual’s mean value on the scale in which the item was missing and using it to replace the missing value for that individual.

Instrumentation

Youth and Caregiver CAB and Caregiver Symptomatology

Subscales from the Two-Track Bereavement Questionnaire (TTBQ) (Rubin et al., 2009) were utilized to measure youth and caregiver CAB, and caregiver symptomatology. The TTBQ was developed based on the Two-Track Model of Bereavement (TTMoB). Through a multidimensional analysis, the TTMoB seeks to understand the bereavement process by evaluating both the bereaved's "general biopsychosocial functioning" and the nature of the "ongoing relationship with the deceased" (Rubin et al., 2009, p. 309; Rubin, 1999). The bifocal model draws on the aforementioned theoretical perspectives of grief work and cognitive stress theories while placing emphasis on evaluating a survivor's continuing attachment to the deceased (Rubin et al., 2009; Rubin, 1999). It also incorporates features identified by bereavement practitioners and researchers as having pertinent implications (Rubin et al., 2009; Rubin, 1999).

The TTBQ consists of 70 Likert scale items on a 5-point continuum (true, mostly true, partly true, mostly not true, not true). The TTBQ consists of five distinct subscales: (a) "relational active grieving," (b) "close and positive relationship with the deceased," (c) "conflictual relationship with the deceased," (d) "general biopsychosocial functioning," and (e) "traumatic perception of the loss" (Rubin et al., 2009, p. 314). The instrument's two axes are often referred to as "tracks." Track I, General Functioning, is comprised of 26 items from two subscales (general biopsychosocial functioning and traumatic perception of the loss) and was used to measure caregiver symptomatology in this study. The General Biopsychosocial Functioning subscale includes 14 items related

to problems in functioning after the death. Higher scores indicate increased symptomatology and difficulties since the death “manifested in problems responding with resilient behaviors and attitudes, mobilizing social support, and belief in one’s coping skills” (Rubin et al., 2009, p. 326). The Traumatic Perception of Loss subscale includes 12 items related to the difficulty integrating the experience of loss, the traumatic circumstances or perceived trauma of the death, and the sudden nature of the death. Higher scores indicate higher perception of trauma and are often associated with those who have experienced traumatic or sudden losses (Rubin et al., 2009).

Track II, the Relationship to the Deceased, is comprised of 30 items from three subscales (relational active grieving, close and positive relationship to the deceased, and conflictual relationship with the deceased) and was used to measure youth and caregiver CAB in this study. Track II evaluates the features of the CAB to the deceased by analyzing whether the attachment characterizes one of disorganization or reorganization (Rubin et al., 2009; Rubin, 1999). The Relational Active Grieving subscale includes 16 items examining how the bereaved is relocating the relationship to the deceased from one of presence to one of memory. Higher scores indicate an “intensity of contact in the relationship” (Rubin et al., 2009, p. 324). The Close and Positive Relationship to the Deceased subscale includes 8 items and focuses on the relationship to the deceased two years prior to the death. Higher scores indicate a “more intense and positive” pre-loss relationship (Rubin et al., 2009, p. 324). The Conflictual Relationship to the Deceased subscale includes 6 items related to the nature of conflict present in the relationship two years prior to the death and “thoughts of the conflict” experienced by the survivor in the week preceding scale completion (Rubin et al., 2009, p. 325). Higher scores indicate

higher conflict in the ongoing relationship to the deceased. Total scores and subscale scores for the TTbQ are divided by the total number of items and indicated on a 1-5 scale with 1 indicating very low scores and 5 indicating very high scores.

The TTbQ has demonstrated an overall reliability of $\alpha = .94$ and each of the five subscales have coefficient alphas of .75 or greater. The instrument also has satisfactory concurrent and construct validity (Rubin et al., 2009). In this study, Track I, used to measure adult symptomatology, had an overall reliability of $\alpha = .89$ (General Biopsychosocial Functioning, $\alpha = .84$; Perception of Trauma, $\alpha = .81$) and Track II, used to measure Adult CAB, had an internal consistency of $\alpha = .86$ (Relational Active Grieving, $\alpha = .89$; Close and Positive Relationship to the deceased, $\alpha = .87$; Conflictual relationship to the Deceased, $\alpha = .72$).

Given that the TTbQ has only been utilized with adults, the PI was granted permission by the author of the measure to adapt Track II of the TTbQ for use with bereaved youth. To date, this author is unaware of any previous studies of youth CAB in which the construct was assessed in a quantitative manner. Therefore, it was necessary to adapt an already existing adult measure with strong reliability and validity such as Track II of the TTbQ. While the TTbQ has been developed and tested with adults, specific steps were followed to minimize measurement error for the adapted TTbQ measure for youth ages 11-17. First, a readability test was conducted using Microsoft Word to ensure the instrument was at or below a 6th grade reading level. The Flesch-Kincaid Grade Level was 3.7, indicating the instrument was at a late 3rd grade level. For this reason, it was not necessary for the 30 items on Track II to be reworded to accommodate youth. Rather, after further review of each item on the measure by the PI, it was determined that two

clarification terms were needed. Next to the word “yearn”, the clarification word “ache” was added in parentheses, and next to the phrase “sense of comfort or flow”, “feeling comfortable around each other” was added in parentheses for clarification.

Finally, consistent with Rubin and Babbie (2011), the instrument was pilot tested using a sample of eight bereaved youth (16% of the sample size) who were not included in the final study sample. The pilot test served to examine item wording and performance and the general instrument administration procedure with youth (Heppner & Heppner, 2004).

Although the primary focus of the pilot study was to ensure reliability among youth participants, it also served to examine item wording and the general instrument administration procedure. Participants were informed they were “testing” an instrument that had only been used with adults to determine if youth their age could fully understand and answer each question. They were informed that their feedback would be helpful to youth who will complete the instrument in the future and were encouraged that questions should be asked at any time during instrument completion. The measure was pilot tested on two different occasions. There were four youth at each time for a total of eight participants. The time of completion ranged from 5-13 minutes with an average time of 8.5 minutes.

Brief questions were raised by one or more participants on items 12, 18, 26, and 27. In each of the following instances, a systematic process was used to address each participant’s question: the researcher offered clarification to the question (often using exact verbiage provided by the youth), checked with youth to ensure participant

understanding and agreement, and implemented the change on the final instrument.

Specific questions on each of the four items are described below.

Item # 12: One participant requested clarification on the meaning of the word “negative” and asked if it meant “bad.” The researcher clarified using the word provided by the youth and the instrument item was changed to reflect the word “bad” in parentheses next to the word “negative.”

Item # 18: One participant requested clarification on the meaning of words, “emotional support” and asked if they meant “my Dad was a major source of love for me.” The researcher clarified using the word provided by the youth and the instrument item was changed to reflect the word “love” in parentheses next to the words “emotional support.”

Item # 26: Fifty percent of youth requested clarification on the verbiage, “The relationship between ____ and I was based on mutual understanding, freedom, and a sense of comfort or ‘flow’ (feeling comfortable around each other)”. The researcher provided clarification emphasizing the words written in parentheses (“feeling comfortable around each other”). Participants stated that the words “freedom” and “flow” were confusing but “mutual understanding” and “sense of comfort” were understandable. The researcher clarified using the new verbiage, rechecked with youth to ensure understanding, and the item was reworded to reflect participant verbiage (i.e., “The relationship between ____ and I was based on mutual understanding, a sense of comfort, and feeling comfortable around each other”).

Item # 27: Two youth inquired about the verbiage, “I see images or pictures from the death scene that enter my thoughts” because they were not present for the death and did not witness the death scene. They requested clarification that they could still answer the

question. The researcher provided validation and the youth verbalized an understanding and answered appropriately. This clarification was provided to the final instrument in the written instructions for section IV. The following was added, “even if you were not there when the death occurred, please choose one answer that best describes your thoughts and feelings.”

Finally, one participant selected two answer choices on Items # 16 and 19 and wrote the word “between” indicating she was between “true” and “mostly true” and “suffering” and “suffering somewhat” following the loss. Based on this feedback, the written instructions were adapted to indicate that even if participants feel they are in the middle of two answer choices, they should select only one answer that represents their feelings the most. In addition, the added statements of “only one” and “one” were further emphasized by being underlined. The following statement was added to the instrument instructions, “please read the questions and mark only one answer that seems most appropriate to you. If your thoughts or feelings are between two answer choices, please select the one answer that represents your thoughts or feeling the most.”

The TTBQ also includes the open-ended follow up question, “please give 3 examples of keeping alive or maintaining the memory of _____.” Due to limited research thus far on CABs and the potential variability of type of CAB expressions among participants, this question was included on both the adult and youth measures. It was used to answer the qualitative research question in this dissertation study (e.g., What are the most commonly reported CAB expressions among youth and adults?). The primary question raised by 75% of the youth pilot participants was regarding this qualitative question. The youth respondents requested clarification on the meaning of the

question. The following response was provided by the researcher, “it is asking you to list the things you do to think about or remember the person who died.” All youth verbalized an understanding of the new question meaning following researcher clarification and the verbiage was changed on the final instrument.

Following pilot study data collection, the internal consistency reliability of the overall TTBQ Track II youth scale (30 items) and each subscale was compared to that of the adult version of Track II (30 items). The overall 30 item Track II youth version had an internal consistency reliability of $\alpha = 0.88$ when administered to the pilot sample (Relational Active Grieving, $\alpha = 0.86$; Close and Positive Relationship to the Deceased, $\alpha = 0.88$; Conflictual Relationship to the Deceased, $\alpha = 0.67$). Therefore, Track II of the TTBQ was utilized to measure youth CAB in the full study. When administered in the full study, the overall scale demonstrated good reliability on the total score and two of the three subscales. One subscale, Conflictual Relationship to the Deceased, had lower reliability ($\alpha = 0.47$). A detailed analysis revealed the reliability coefficient would not substantially increase by eliminating any one of the six items. Therefore, the subscale was still included in all analyses with the recognition the low reliability could be a limitation in this study. Table 3.1 displays a comparison of the reliability coefficients of the TTBQ Track II for both the pilot test and full study.

Youth Symptomatology

To date, there is not a strong measure of child bereavement symptomatology. Because symptoms of bereavement include sadness, depression, anxiety, somatic complaints, fears, and behavioral disturbances, most bereavement researchers use scales assessing emotional or behavioral factors among children such as the Child Behavior

Table 3.1*Internal Consistency Reliability for Track II of the TTbQ at Pilot Test and Full Study*

Scale	Pilot Study N=8	Full Study N=50
Overall Scale	$\alpha = 0.88$	$\alpha = 0.84$
Subscale 1	$\alpha = 0.86$	$\alpha = 0.88$
Subscale 2	$\alpha = 0.88$	$\alpha = 0.85$
Subscale 3	$\alpha = 0.67$	$\alpha = 0.47$

Note. Two-Track Bereavement Questionnaire (TTbQ). Subscale 1 (Relational Active Grieving). Subscale 2 (Close and Positive Relationship to the Deceased). Subscale 3 (Conflictual Relationship with the Deceased).

Checklist (CBCL) (e.g., Sandler et al., 2003; Worden & Silverman, 1996). To measure youth symptomatology in this study, the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) was administered. The 25 item SDQ was chosen over the 117 item CBCL due to its brevity and its strong comparability to the CBCL. The SDQ is highly correlated with the CBCL (Goodman & Scott, 1999) and is commonly used by researchers and practitioners as a behavioral screening assessment (Youthinmind, 2010).

This study utilized the SDQ self-report scale for youth ages 11-17 (SDQ 11-17). The instrument consists of 25 items on a 3-point scale (not true, somewhat true, certainly true). The SDQ 11-17 takes approximately five minutes to complete and has good psychometric properties (Goodman, 2001). There are five subscales of five items each that include: (a) emotional symptoms, (b) conduct problems, (c) hyperactivity, (d) peer problems, and (e) prosocial behavior. Four of the five subscales have satisfactory reliability (mean $\alpha = .65$) with the exception of the peer problems subscale ($\alpha = .41$). A factor analysis of the SDQ also revealed strong factor loadings among the five subscales (Goodman, 2001). The SDQ 11-17 has good internal consistency with a total difficulties score reliability of $\alpha = .80$ and a total impact score reliability of $\alpha = .81$. The self-report SDQ also discriminated well between the community and clinical sample and had

satisfactory inter-rater reliability between parent and self-report forms (community sample = 0.37; clinical sample = 0.58) (Goodman, Meltzer, & Bailey, 1998). This is higher than the reported inter-rater correlation on the CBCL (Goodman et al., 1998). Consistent with the aforementioned statistics, the internal consistency of the SDQ in this dissertation study was $\alpha = .80$. The PI was granted permission to use this instrument by the author.

Youth Spirituality

An adapted version of the Spiritual Well-Being Scale (SWBS) (Ellison, 1983) was utilized to measure spirituality among youth participants. The SWBS has been widely used to measure spirituality in a number of studies among diverse populations (Paloutzian & Ellison, 2009). The original 20-item instrument consists of 2 subscales measuring well-being in terms of religion (Religious Well-Being- RWB) and life satisfaction or purpose (Existential Well-Being- EWB). The SWBS has test-retest reliability coefficients ranging from .82 to .99 (testings 1 to 10 weeks apart) and excellent internal consistency coefficients ranging from $\alpha = .89$ to .94. In addition, the instrument has good face validity. The RWB and EWB subscales also have good test-retest and internal consistency reliability (Paloutzian & Ellison, 2009).

This study utilized an adapted 10-item version of the SWBS previously used in a study of 134 adolescents ages 14-18 (Cotton, Larkin, Hoopes, Cromer, & Rosenthal, 2005). The adapted version includes five items each from the RWB and EWB subscales. The original instrument items are answered on a 6-point Likert scale while the adapted version is on a 5-point Likert scale (strongly agree, agree, neither agree or disagree, disagree, strongly disagree). Cotton et al. (2005) reported internal consistency of the

adapted scale with a coefficient $\alpha = .87$. Consistent with Cotton et al., the internal consistency of the adapted 10-item SWBS in this dissertation study was $\alpha = .82$. The original scale authors granted permission to use the adapted version of the SWBS in this study.

Instrumentation Reliability Summary

The scales used in this dissertation study demonstrated acceptable reliability coefficients when administered to the sample. Table 3. 2 displays the basic statistics and internal consistency reliability coefficients for all instruments.

Table 3.2

Instrument Statistics and Internal Consistency Reliability (Cronbach's Alpha)

Instrument	M	SD	Theoretical Range	Actual Range	α
SDQ 11-17 (Youth Symptoms)	14.26	6.65	0 - 40	0 - 29.47	.80
TTBQ Track II (Youth CAB)	3.21	0.40	1 - 5	2.11 - 3.93	.84
SWBS (Youth Spirituality)	18.57	5.90	10 - 50	10 - 34	.82
TTBQ Track I (Adult Symptoms)	2.96	0.60	1 - 5	1.65 - 4.10	.89
TTBQ Track II (Adult CAB)	3.16	0.34	1 - 5	2.43 - 3.80	.86

Demographics and Death Related Variables

A demographic form (Appendix D) was developed by the PI to gather demographic and death-related variable information for both youth and caregiver participants. The form was completed by the adult caregiver to ensure accuracy of data collection. The caregiver section assessed for all caregiver demographic and death related variables including age, relationship to youth participant, and relationship to the deceased. The youth section assessed for all youth demographic and death-related variables including age, relationship to the deceased, child's religion, degree of family

religious belief or observation, child's age at time of death, cause of death, and nature of death. As previously defined, nature of death was categorized as anticipated or unanticipated, as indicated by adult survivor response. The demographic form also included descriptive variables for youth and caregivers including gender and race/ethnicity.

Data Analysis

Qualitative Analysis

Consistent with Hogan and Desantis (1992), content analysis was used to systematically process the open-ended question in this primarily quantitative survey. A coding scheme was developed and tested according to guidelines recommended by Weber (1985). The recording unit of analysis was a short phrase in response to the question, "Please give 3 examples of keeping alive or maintaining the memory of _____." Examples of responses included: "We send off balloons on his birthday," "Trying to eat healthy as he wanted us to," and "Mile marker placed at site of accident." All responses were entered into a Microsoft Excel spreadsheet and thoroughly reviewed by the PI. Next, an open coding scheme was developed based on themes in the data and specific code categories were defined. To ensure reliability, all data were initially coded by the PI and the same text was re-coded by a second person. This technique is referred to as "intercoder reliability" (Krippendorff, 2013, p. 271; Weber, 1985, p. 17). The second analyst was an advanced-standing Master of Social Work student who had experience working with grieving children as a grief camp volunteer. As recommended by Krippendorff (2013), the PI trained the second coder on analysis procedures. She was provided a written list of codes and their definitions and was instructed to assign one of

the codes to all units of analysis. Following the second coding, the PI compared her coding assignment with that of the second coder and it revealed a 92% agreement between coders. This indicated good intercoder reliability.

Quantitative Analysis

All data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 21.0. Prior to conducting statistical analyses, all SPSS entries were double checked against the hard copies of data collection instruments to ensure accuracy. In addition, data were screened and assumptions of each parametric test were verified (Mertler & Vannatta, 2005). Assumptions for Pearson's Product-Moment Correlation include that all variables be continuous, have linearity, normality, homoscedasticity, and only minimal (if any) outliers. Assumptions for multiple regression include normality, linearity, and homoscedasticity (Mertler & Vannatta, 2005; Tabachnick & Fidell, 2007). In addition, prior to conducting the multiple regression analysis, a power analysis was obtained to ensure the sample size was adequate. A sample of 60 participants with 8 predictor variables would yield a level of power of .73 for a cumulative $R^2 = .20$ while a sample of 50 participants with 3 predictor variables would yield a level of power of .83 for a cumulative $R^2 = .20$.

The first step in the data analysis process was to obtain frequency distributions and measures of central tendency and variability of all variables. Box plots and frequency distributions were used to assess for outliers and missing data. The skewness and kurtosis of each variable was analyzed to assess the univariate normality of the distribution. According to Mertler and Vannatta (2005), skewness and kurtosis values closest to zero are ideal but can be acceptable between -1 and +1. Prior to assessing relationships

between variables, a rejection level of .05 was set. Bivariate correlations between the dependent variables, youth CAB and youth symptomatology, and all independent variables were conducted. Due to the small sample size, and exploratory nature of this study, a type I correction was not employed.

Linearity and homoscedasticity was assessed by inspecting the bivariate scatterplots. An oval or elliptical shaped scatterplot indicated the variables were linearly related (Mertler & Vannatta, 2005; Tabachnick & Fidell, 2007). A scatterplot in which the variables are close to the same width indicates the variables are homoscedastic (Tabachnick & Fidell, 2007). In addition, Levene's Test was used to examine homogeneity of variances (Mertler & Vannatta, 2005). All assumptions for the analyses were met.

Tolerance statistics were also obtained prior to the multiple regression analysis to assess for multicollinearity. Multicollinearity causes statistical problems when correlations between predictor variables are .90 and above (Tabachnick & Fidell, 2007). Finally, because there were four sibling groups in the sample, a sensitivity analysis was conducted to ensure independence of observation among cases. The multiple regression was computed with and without the four sibling cases and findings were not altered in a meaningful way. Therefore, the four sibling groups remained in the final sample and were included in all analyses.

Hypotheses Under Study

The objective and hypotheses under study and the specific statistical procedures utilized to test the null of each hypothesis are outlined below.

Q1: What are the most commonly reported CAB expressions among youth and adults?

This question was answered using qualitative data retrieved from the following question on the TTbQ for both youth and adults, “Please give 3 examples of keeping alive or maintaining the memory of _____.” A qualitative content analysis, as described earlier in this chapter, was conducted to answer this research question.

H₁: It was hypothesized that caregiver CAB would be positively associated with youth CAB. Specifically, higher levels of caregiver CAB would be associated with higher levels of youth CAB.

H_{1.2}: It was further hypothesized that closer relationships to the deceased among caregivers would be associated with closer relationships to the deceased among youth and conflictual relationships to the deceased among caregivers would be associated with conflictual relationships to the deceased among youth.

Independent Variable: Caregiver CAB (interval)

Dependent Variable: Youth CAB (interval)

A bivariate correlation, Pearson’s r , was conducted.

H₂: It was hypothesized that caregiver symptomatology would be significantly associated with youth CAB.

Independent Variable: Caregiver symptomatology (interval)

Dependent Variable: Youth CAB (interval)

A bivariate correlation, Pearson’s r , was conducted.

H₃: It was hypothesized that caregiver CAB would be significantly associated with youth symptomatology.

Independent Variable: Caregiver CAB (interval)

Dependent Variable: Youth symptomatology (interval)

A bivariate correlation, Pearson's r , was conducted.

H₄: It was hypothesized that youth CAB would be significantly associated with youth symptomatology.

Independent Variable: Youth CAB (interval)

Dependent Variable: Youth symptomatology (interval)

A bivariate correlation, Pearson's r , was conducted.

H₅: It was hypothesized that caregiver CAB, caregiver symptomatology, youth symptomatology, age/developmental level, spirituality, time elapsed since death, nature of death, and relationship to the deceased would be predictors of youth CAB.

Independent Variables: Caregiver CAB, caregiver symptomatology, youth symptomatology, age/developmental level, spirituality, time elapsed since death, nature of death, and relationship to the deceased

Dependent Variable: Youth CAB

The significant bivariate relationships at the .05 alpha were entered into a multivariate model to identify the best predictors of youth CABs. A standard multiple regression analysis was conducted using the IVs that had significant bivariate relationships.

CHAPTER 4: RESULTS

This chapter presents the results of the mixed-methods analyses used to examine the previously identified objective and research hypotheses. Demographic variables are summarized and qualitative data are presented. Finally, quantitative bivariate and multiple regression analyses are presented.

Demographic Characteristics

The sample consisted of 50 bereaved youth age 11-17 with a mean age of 13.32 (Median =13 years, *SD* 1.99) and their 46 adult caregivers with a mean age of 45.17 (Median = 46 years, *SD* 10.95). Of these 46 families, 42 consisted of one caregiver with one participating youth and four were made up of one caregiver with two participating siblings. Youth gender was evenly distributed with 52% male and 48% female whereas the majority of caregivers were female (84.8%). The two primary races of participants were white (84.8% adult and 66% youth) and black (13% adult and 18% youth). See Table 4.1 and 4.2 for more detailed information on race/ethnicity for all participants. Most caregivers (82.6%) identified themselves as practicing a denomination of the Christian faith while 13% did not answer the question and 4.4% identified themselves as “other.” Likewise, caregivers identified 84% of the youth as practicing a denomination of the Christian faith while 16% did not answer the question. Thirty-three (71.7%) caregivers completed the study with a biological child (ren), five (10.9%) completed with an adopted child, five (10.9%) with a grandchild, two (4.3%) with a step-child, and one

(2.2%) identified the relationship as “other.” As expected given most youth participants were biological children, the majority of the youth (89.1%) lived with the caregiver participating prior to the death.

Thirty-one (62%) youth were bereaved due to the death of an immediate family member (“mother”, “father”, “brother”, “sister”) and nineteen (38%) were bereaved due to the death of an extended family member (“grandmother”, “grandfather”, “aunt”, “uncle”, “other”). The time elapsed since death varied widely among participants ranging from one month to six and a half years (Mean = 1 year, SD = 1 year, 6 months). Cause of death was identified by the caregiver and varied widely among participants. Causes included cancer (40.8%); heart disease and/or heart attack (22.4%); violent/accidental deaths (20.4%) including gun shot wound, suicide, car accident, drowning, and choking; and illnesses (16.3%) including pneumonia, kidney failure, flu, sepsis, diabetes, and surgical complications. Nature of death was categorized as anticipated (the youth had some knowledge for more than two weeks that the death might occur) and unanticipated (the youth had no knowledge or less than two weeks notice that the death might occur). For 68% of youth participants, the death was unanticipated while 32% had some knowledge that the death might occur. A summary of key demographic characteristics for adult participants is reported in Table 4.1 and for youth participants in Table 4.2.

Qualitative Results

Research Question #1

What are the most commonly reported CAB expressions among youth and adults?

A qualitative content analysis of the question, “Please give 3 examples of keeping alive or maintaining the memory of _____” was conducted to answer this research

Table 4.1*Sample Demographic Characteristics- Adult Participants*

Characteristics	Frequency (n)	Percent (%)	
Gender			
Male	7	15.2	
Female	39	84.8	
Race			
White	39	84.8	
Black	6	13	
Hispanic/Latino	1	2.2	
Relation to Youth			
Biological Child	33	71.7	
Adopted Child	5	10.9	
Grandchild	5	10.9	
Stepchild	2	4.3	
Other	1	1.0	
Relation to Deceased			
Immediate Family	26	56.5	
Extended Family	20	43.5	
Degree of Religious Belief			
Very Religious	7	15.2	
Religious	16	34.8	
Moderately Rel.	13	28.3	
Not Very Rel.	10	21.7	
	<i>M</i>	<i>SD</i>	Range
Age	45.17	10.95	29-75

Table 4.2*Sample Demographic Characteristics- Youth Participants*

Characteristics	Frequency (n)	Percent (%)	
Gender			
Male	26	52	
Female	24	48	
Race			
White	33	66	
Black	9	18	
Biracial/Other	4	8	
Hispanic/Latino	2	4	
Asian	2	4	
Relation to Deceased			
Immediate Family	31	62	
Extended Family	19	38	
	<i>M</i>	<i>SD</i>	Range
Age	13.22	1.99	11-17

on the youth form to provide further clarity based on the aforementioned pilot test feedback. Most participants provided three short statements in response to the above question while four participants provided only one to two statements and two participants provided four statements. Of the 46 adult participants, 45 answered the question and were included in the qualitative analysis. Of the 50 youth participants, 48 answered the question and were included in the qualitative analysis. However, of the 48 youth who answered, 11 provided three responses that were too vague to be coded in the analysis such as, “hunt,” “play games,” “boy scouts,” “watch game shows,” and “walk.” Both coders agreed responses of this type were likely to fall into one of two coding categories described below (“Recalling Memories About or Unique Characteristics of the Deceased” or “Engaging in Activities Once Enjoyed or Appreciated by the Deceased”). But, because elaboration and/or clarification was not provided by the respondent, such statements were not coded in an effort to avoid making any erroneous assumptions about the true meaning of the data.

As discussed in Chapter 3, the PI initially developed an open coding scheme based on the prominent themes identified in the data. All data were coded by the PI into twelve defined codes and were coded again by the second analyst to ensure reliability. Next, both analysts engaged in a thorough discussion of the data including distinct themes with similarities that emerged from the initial coding. There was consensus that the twelve initial codes would be better classified when collapsed into seven final coded categories. The seven categories that emerged as commonly expressed methods of CABs among youth and adults were: Attempts to Maintain Connection or Closeness to the Deceased, Recalling Memories About or Unique Characteristics of the Deceased, Talking

About the Deceased to Others, Engaging in Activities Once Enjoyed or Appreciated by the Deceased, Looking at Photographs or Video of the Deceased, Engaging in Memorialization Activities, and Talking to the Deceased. Category definitions, including the initial codes included in each category, and responses are provided below. Results are summarized in Table 4.3.

Attempts to maintain connection or closeness to the deceased. This category consisted of three of the initial codes including (a) maintaining possessions or things that belonged to the deceased (e.g., “Keep his coffee cup next to mine so I can see it every morning”, “Keep things he made around the house”, “I have his clothes”); (b) attempting to maintain physical proximity to the deceased (e.g., “Sleep as if she was next to me”, “I sleep with his ashes”); and (c) efforts to be near someone or think of someone who reminds the survivor of the deceased (e.g., “I think of my Dad,” “He reminds me of her”). Forty-seven responses (22%) were coded into this category and were evenly distributed among adult and youth participants (23 adult responses, 19%; 24 youth responses, 25%). When combining youth and adult responses, this was the most commonly reported CAB expression in this sample. However, it was the second most commonly reported CAB expression among youth or adults when looking at the groups individually.

Recalling memories about or unique characteristics of the deceased. This category was one of the initial codes and was defined as thinking about the deceased (e.g., “And I have all the memories in my mind,” “I think about her when by myself”), recalling memories of the deceased (e.g., “I remember when me and ‘John’ would play Legos together,” “I remember he took me to the park”) and/or recalling unique characteristics of the person who died (e.g., “How she would help me/others anytime she

could,” “Her love for family and friends”). Forty-two responses (19%) were coded into this category with the majority being youth responses (9 adult responses, 7%; 33 youth responses, 35%). While this was the second most commonly reported CAB expression among all participants (youth and adults combined) and the most commonly reported CAB expression among youth participants, it was one of the least commonly reported CAB expressions among adults.

Talking about the deceased to others. This category was one of the initial codes and was defined as efforts to maintain a CAB by talking about the deceased to and with other people (e.g., “I remain friends with several people she was friends with and we toast and talk about her together often,” “Talk about him,” “Talk about her casually a lot”). Thirty-three responses (15%) were coded into this category (30 adult responses, 24%; 3 youth responses, 3%). Both coders initially intended to collapse this category into the previous one because the themes were similar. However, after initial analysis, a noteworthy finding revealed that there was an inverse relationship among youth and adult participants in these two categories. While “Recalling Memories About or Unique Characteristics of the Deceased” was the most commonly reported CAB expression among youth, “Talking About the Deceased” was one of the least commonly reported CAB expressions among youth. As previously noted, the inverse was true for adult participants. This finding is of great clinical significance and will be discussed further in Chapter 5.

Engaging in activities once enjoyed or appreciated by the deceased. This category was one of the initial codes and was defined as engaging in activities the deceased once enjoyed or participated in with the survivor (e.g., “Make rice krispies like

we used to when we were together,” “Watch NCIS- it was his favorite show”) and making decisions or participating in activities that the deceased would want (e.g., “Keeping the house cleaned like he liked it,” “Continuing his tradition of hosting trunk or treat at our church which he began”). Thirty-five responses (16%) were coded into this category (20 adult responses, 16%; 15 youth responses, 16%) making it the third most commonly reported CAB expression among both youth and adult participants combined.

Looking at photographs or video of the deceased. This category was one of the initial codes and was defined as efforts to maintain a connection to the deceased by displaying photos (e.g., “Putting pictures of him around house,” “Keep pictures around”), looking at photos (e.g., “I show my daughter photos of him frequently,” “Look at her pictures”), or watching videos of the deceased (e.g., “Watch the band he was in on YouTube,” “I put his DVD on and cry if I have to”). Thirty-three responses (15%) were coded into this category (19 adult responses, 15%; 14 youth responses, 15%).

Engaging in memorialization activities. This category consisted of two of the initial codes and included (a) efforts to maintain a CAB by engaging in formal activities to honor or remember the deceased (e.g., “At special events, having a candle lit in her home,” “We send off balloons on his birthday,” “I have masses said for him and invite friends to come over and share,” “In memory page created on facebook,” “Mile marker placed at site of accident”) and (b) visiting the cemetery or grave (e.g., “Visit cemetery daily”). Eighteen responses (8%) were coded into this category and revealed that memorialization activities were a CAB expression primarily utilized by adult participants (16 adult responses, 13%; 2 youth responses, 2%).

Talking to the deceased. This category consisted of three of the initial codes and included efforts to maintain a CAB by (a) talking to the deceased (e.g., “Isolate myself and talk to her,” “Talking to him like he was there,” “Talk out loud to him as if he can hear me”); (b) hearing the deceased (e.g., “Hearing her voice”); and (c) dreaming about or imagining the deceased (e.g., “Dreams,” “Dance around envisioning her with her head propped up on my pillow”). Only ten responses (5%) were coded into this category (6 adult responses, 5%; 4 youth responses, 4%) making it the least commonly reported CAB expression when combining youth and adult responses. It is worthy of noting that the researcher considered including “talking to the deceased” as a component of the first and most prominent expression of CAB, “attempts to maintain connection or closeness to the deceased” since continuing conversations with those who are deceased is certainly in an effort to maintain connection.

Table 4.3
Summary of Qualitative Responses for Adults and Youth

CAB Expressions	Adult <i>n</i> = 123		Youth <i>n</i> = 95		Total <i>n</i> = 218	
	<i>(n)</i>	<i>(%)</i>	<i>(n)</i>	<i>(%)</i>	<i>(n)</i>	<i>(%)</i>
Attempts to Maintain Connection or Closeness	23	19	24	25	47	22
Recalling Memories or Unique Characteristics	9	7	33	35	42	19
Talking About the Deceased to Others	30	24	3	3	33	15
Engaging in Activities Once Enjoyed by Deceased	20	16	15	16	35	16
Looking at Photos of Videos of the Deceased	19	15	14	15	33	15
Engaging in Memorialization Activities	16	13	2	2	18	8
Talking to the Deceased	6	5	4	4	10	5

Note. *n* represents the number of responses from 37 youth and 45 adults.

Quantitative Results

Research Question # 2

To what extent are caregiver CAB and caregiver symptomatology associated with youth CAB? It was hypothesized that caregiver CAB would be positively associated with youth CAB. Specifically, higher levels of caregiver CAB would be associated with higher levels of youth CAB. However, results of the bivariate correlation indicated there was no significant association between caregiver CAB and youth CAB ($r = .029, p = .84$).

It was further hypothesized that closer relationships to the deceased among caregivers would be associated with closer relationships to the deceased among youth and conflictual relationships to the deceased among caregivers would be associated with conflictual relationships to the deceased among youth. Results of the bivariate correlation indicated that closer relationships to the deceased among caregivers were not significantly associated with closer relationships to the deceased among youth ($r = .15, p = .31$). However, conflictual relationships to the deceased among caregivers were moderately correlated with conflictual relationships to the deceased among youth ($r = .33, p < .05$). In other words, youth who reported conflictual relationships to the deceased had adult caregivers who also experienced conflictual relationships to the deceased. Although not initially hypothesized, an analysis comparing youth and caregiver scores on the final subscale of the CAB measure, Relational Active Grieving, was conducted to ensure all aspects of the CAB construct were thoroughly reviewed. It did not reveal a significant association ($r = .07, p = .64$).

It was also hypothesized that caregiver symptomatology would be significantly associated with youth CAB. However, a bivariate correlation revealed that caregiver

symptomatology was not significantly associated with youth CAB ($r = .17, p = .23$) nor was it significantly associated with any of the three subscales of youth CAB.

Research Question #3

To what extent are caregiver CAB and youth CAB associated with youth symptomatology? It was hypothesized that caregiver CAB would be significantly associated with youth symptomatology. However, a bivariate correlation revealed that caregiver CAB was not significantly associated with youth symptomatology ($r = -.08, p = .58$). It was also hypothesized that youth CAB would be significantly associated with youth symptomatology. A bivariate correlation revealed that youth CAB was positively associated with youth symptomatology ($r = .60, p < .001$). In other words, youth with higher symptomatology report higher CABs to the deceased. Because this is the first study attempting to quantitatively measure the construct of youth CAB and the scale used consists of three distinct subscales of the construct, a correlational analysis of youth symptomatology and the three subscales of the CAB measure was conducted. This was done to further investigate and more accurately interpret the findings. It revealed that youth symptomatology was positively associated with a close and positive relationship to the deceased ($r = .48, p < .001$) indicating that youth with stronger pre-loss and ongoing relationships to the deceased tend to experience higher grief related symptoms following the death. In addition, youth symptomatology was positively associated with relational active grieving ($r = .53, p < .001$) indicating that while the SDQ is not a measure designed specifically for grief, it is correlated with a subscale intended to measure ongoing symptoms of relational grief in humans. However, youth symptomatology was

not significantly associated with a conflictual relationship to the deceased ($r = .24, p = .09$)

Research Question # 4

What caregiver variables, youth variables, demographic variables, and death related variables significantly influence youth CABs? It was hypothesized that caregiver CAB, caregiver symptomatology, youth symptomatology, age/developmental level, youth spirituality, time elapsed since death, nature of death, and youth relationship to the deceased were predictors of youth CAB. A standard multiple regression analysis was conducted to identify the variables that are predictors of youth CAB to the deceased. A total of 3 predictor variables were entered into the model based on their significant bivariate correlations to youth CAB (See Table 4.4).

Table 4.4
Predictor Variables Correlated with Youth CAB

Predictor Variable	Correlation with Youth CAB (TTBQ Track II)
Youth Symptomatology (SDQ 11-17)	.604**
Adult CAB (TTBQ Track II)	.029
Adult Symptomatology (TTBQ Track I)	.172
Youth Age	-.117
Youth Spirituality (SWBS)	.299*
Time Elapsed Since Death	-.169
Nature of Death	-.102
Youth Relationship to the Deceased	-.292*

Note. ** $p < .001$, * $p = .05$.

The predictor variable correlations to youth CAB were as follows: youth symptomatology ($r = .60, p < .001$), youth spirituality ($r = .30, p < .05$), youth relationship to the deceased (dichotomous variable as “immediate family” and “extended family”)($r = -.29, p < .05$). The results, shown in Table 4.5, indicate that the predictor model was significant, $R^2 = .427, F(3, 46) = 11.45, p < .001$, and accounted for 39% of

the variance in youth CAB (adjusted $R^2 = .39$). Examination of the standardized Beta coefficients indicated that youth symptomatology ($\beta = .57, p < .001$) and relationship to the deceased ($\beta = -.24, p = .05$) significantly contributed to the model. However, youth symptomatology was the primary predictor of youth CAB.

Table 4.5
Regression Analysis Predicting CAB Among Youth Participants

Variable	B	SE B	β	<i>t</i>
Youth Symptomatology	.035	0.01	.57	4.72**
Relation to Deceased	-0.20	0.99	-0.24	-2.15*
Youth Spiritual Well-Being	0.00	0.01	0.03	0.27

Note. ** $p < .001$, * $p = .05$.

Note. The variable “Relation to Deceased” was dichotomized for this analysis and coded as 1 = Immediate Family and 2 = Extended Family.

CHAPTER 5: DISCUSSION

This chapter includes a discussion of the results presented in Chapter 4. The study's strengths and limitations are noted and implications for clinical social work practice and research are discussed.

Summary of Findings

Several key conclusions were drawn from the dissertation study data and findings. Results provided empirical support for attachment theory suggesting that humans seek a myriad of ways to maintain continuing attachment even after death has severed a physical relationship. Qualitative findings revealed the most commonly expressed CAB expressions among youth and adults included attempts to maintain connection or closeness to the deceased, recalling memories about or unique characteristics of the deceased, and talking about the deceased. Quantitative results indicated that youth who reported conflictual relationships to the deceased also had adult caregivers who reported such conflictual relationships. Findings also supported the hypothesis that there was a relationship between youth symptomatology and youth CAB. Specifically, youth who had closer and more positive relationships to the deceased and those who reported higher symptoms on a subscale of relational active grieving experienced increased grief symptomatology.

Finally, this study provided the first tentative predictors of CABs among youth. Results indicated that although spiritual well-being was associated with youth CAB,

nature of the relationship to the deceased and youth symptomatology were two predictors of CABs among youth with youth symptomatology being the strongest.

Commonly Reported CAB Expressions among Youth and Adults

Attachment theory posits that bereaved individuals must modify their attachment relationship to the deceased given that death has ultimately severed the physical attachment that was once possible (Attig, 1996; Boerner & Heckhausen, 2003).

Consistent with other qualitative studies of CAB expressions among youth and adults (e.g., Foster et al., 2011; Harper et al., 2011; Richard et al., 1999; Silverman & Nickman, 1996; Silverman & Worden, 1992; Vale-Taylor, 2009; Wood et al., 2012), findings in this study revealed that youth and adults reported a myriad of meaningful ways in which they sought to modify the attachment relationship and maintain a CAB to the deceased.

The most commonly reported CAB expression of both youth and adults was attempts to maintain a connection or closeness to the deceased including maintaining possessions or linking objects, attempting to maintain physical proximity to the deceased, and making efforts to spend time with or be near someone who reminds the survivor of the deceased. This finding that participants predominately sought to maintain closeness, even seeking physical proximity to the deceased, illustrates the tenet of attachment theory in which humans desire to maintain attachment even after a physical relationship is severed.

Another significant finding from the qualitative analysis was that recalling memories or unique characteristics of the deceased was the most commonly reported CAB expression among youth and one of the least commonly reported expressions among adults. In contrast, talking about the deceased to others was the most commonly

reported CAB expression among adults while it was one of the least commonly reported expressions among youth. As suggested by Bowlby (1980), children mourn according to their developmental level. This could explain why the chosen method of continuing attachment among adolescents was in recalling memories or unique characteristics of the deceased (a more internal expression) while adults seemed to prefer talking about the deceased to others (an external expression). Another reason for this discrepancy among youth and adults could be explained by theories of cognitive and psychosocial development in which adolescent youth frequently attempt to fit in and avoid standing apart from their peers (Zastrow & Kirst-Ashman, 2010). Some youth may conceal the death from their peers or evade discussing it in an effort to avoid being different. In such a case, engaging in open discussions about the deceased with peers may seem impossible to youth. In addition, youth participants in this sample experienced the death of a family member (62% immediate family, 38% extended family) and may not have felt comfortable discussing the deceased with a caregiver who was also grieving the same loss. It is common for members of a family to avoid conversations about the death in an effort to avoid upsetting one another (Wolfelt, 1996). This finding may have been different among a sample of youth experiencing peer death where they may have been more willing to talk about the deceased with adult caregivers who were not bereaved. It is essential for clinicians to educate families about the different types of CAB expressions and the role that age/developmental level may play in the formation of such bonds.

The third most commonly reported CAB expression among both youth and adults was engaging in activities the deceased once enjoyed. Given all participants experienced the death of a family member, this result is likely evident because the deceased was once

an integral part of the social activities enjoyed by the family and such activities naturally continue, prompting the survivor to feel a CAB. In contrast, some survivors might consciously seek to engage in such activities to feel the CAB to the deceased.

The final qualitative finding of note was that engaging in memorialization activities was reported 16 times by adults but only two times by youth participants. This could be because adults have the capacity to initiate and/or participate in such activities by themselves while youth rely on adults for access to (e.g., transportation, fiscal resources) and engagement in such activities. Implications of this finding will be discussed later in this chapter.

Although still unclear whether CAB expressions among youth and adults are adaptive or maladaptive, this study supports previous findings that CABs are very prevalent among survivors. It is essential that bereavement practitioners assess for a variety of CAB expressions and explore incorporating CABs in clinical interventions.

Association of Caregiver CAB and Caregiver Symptomatology with Youth CAB

Although this study found no significant association between caregiver CAB and youth CAB, the instrument used to measure the ongoing relationship consisted of three distinct subscales including various aspects of the construct. Given this was the first study known by the author to measure CABs among youth in a quantitative manner and CAB is a complex variable of study, this finding was not surprising. As discovered in the qualitative analysis, there were differences among how youth and adults maintained a CAB. Likewise, there could be unique differences in how these expressions impact youth and adults as measured on a standardized scale. However, because measuring CABs

quantitatively among youth is still in its infancy, analyses of each subscale were conducted to explore possible associations among youth and adults.

It was hypothesized that closer relationships to the deceased among caregivers would be associated with closer relationships to the deceased among youth; however, the findings did not support this hypothesis. One explanation is that youth and adult caregivers may not have experienced the same bond with the deceased. For example, a child may have been very close to a parent who died although the surviving parent may have had a conflictual or turbulent relationship with the deceased spouse.

It was also hypothesized that conflictual relationships to the deceased among caregivers would be associated with conflictual relationships to the deceased among youth and a significant, moderate correlation was revealed. One explanation for these differences could be because the closer relationship subscale measured the strength of the relationship bond two years prior to the death while the conflictual relationship subscale measured the amount of conflict both two years prior and in ongoing thoughts about the conflict in the previous week. It is possible that in very turbulent relationships, both the youth and adults continue to have thoughts of the conflict because resolving such disagreement becomes difficult when the person is deceased. In addition, even if the pre-death conflict was isolated among only the youth and the deceased, the surviving caregiver may experience present feelings of conflict toward the deceased out of frustration for the complex emotions his or her youth is experiencing. This finding illustrates the need for bereavement practitioners to assess both positive and negative aspects of the relationship to the deceased so issues of conflict can be resolved and the survivor can successfully navigate the grieving process.

Although not initially hypothesized, the relational active grieving subscale was compared among youth and adults to ensure an expansive exploration of CAB. However, the findings revealed no significant association. Because the quantitative assessment of CAB and the use of this subscale with youth are new to this study, it is not evident as to whether an association among youth and adults should be expected. In addition, no research has been conducted measuring this exact subscale construct so making presumptions about the association among youth and adults without adequate research would be difficult.

As previously noted, the relational active grieving subscale assesses how well a survivor is integrating the loss and transitioning the deceased from one of presence to one of memory while including some active symptoms of grief. Given previous research (e.g., Cerel et al., 2006; Silverman et al., 2003; Silverman & Worden, 1992;) has demonstrated a relationship between caregiver support and youth coping, it could be presumed that an association might also be revealed among caregivers and youth on a subscale of relational active grieving. However, future research is needed in order to provide explanations of this construct and its relationship among bereaved youth and their caregivers.

Finally, it was hypothesized that caregiver symptomatology would be significantly associated with youth CAB but this study revealed no such correlation to youth CAB or any of the three subscales of the youth CAB measure. Previous research demonstrated that caregiver support and/or positive parenting can have a positive impact on youth symptomatology (Haine et al., 2006), coping (Rask et al., 2002, Silverman & Worden, 1992), and posttraumatic growth (Wolchick et al., 2008). In addition, Silverman et al. (2003) reported the manner in which a surviving parent copes with a death and

provides support impacts how well a child copes with a negative legacy CAB. Further, Cerel et al. (2006) reported that caregiver symptomatology, specifically lower levels of caregiver depression, was associated with better post-death outcomes among youth.

One possible explanation that caregiver symptomatology was not associated with youth CAB could be that regardless of caregiver symptomatology, the manner in which caregivers are coping with the symptomatology and their ability to apply positive parenting strategies and/or affirm a healthy family environment may be more impactful on youth CABs than the symptomatology itself. It is likely that some caregivers have increased symptomatology but may be coping with the death better or as well as others reporting lower symptomatology. Coping behaviors and the accompanying ability to positively attend to the needs of youth under their care might have a significant impact on youth CABs. Further, youth whose caregivers are coping better may engage in more open conversations about their own CABs, thereby helping youth understand this aspect of grief. More study is needed on the potential relationship between caregiver coping, caregiver symptomatology, and youth CABs.

Another explanation there was not a relationship between caregiver symptomatology and youth CAB could be because the grief process is a unique and individual one in which no two people experience exactly the same way (Wolfelt, 1996). If CABs are a natural and expected human response to grief, as suggested by attachment theorists, then CABs should occur among youth regardless of adult caregiver symptomatology. Furthermore, if the bereavement experience for each individual consists of two continuums including both biopsychosocial functioning and the ongoing relationship with the deceased (Rubin, 1999), then it would seem more reasonable for

youth symptomatology to be associated with youth CAB, as was hypothesized in this study, and adult symptomatology to be associated with adult CAB (which is beyond the scope of this dissertation study).

In sum, it may be more likely for youth symptoms to be associated with youth CABs than for adult symptoms to be associated with youth CABs. Finally, it appears youth bereavement is a uniquely individual response, including both symptomatology and CABs, which may be impacted more by a caregiver's coping and/or post-death parenting than a caregiver's symptomatology.

Association Between Caregiver CAB and Youth CAB with Youth Symptomatology

It was hypothesized that both caregiver CAB and youth CAB would be significantly associated with youth symptomatology. The findings of this study revealed that although there was not an association between caregiver CAB and youth symptomatology, a strong association between youth CAB and youth symptomatology was present. Just as caregiver symptomatology was not associated with youth CAB, the same was true for caregiver CAB and youth CAB. The potential explanations posited for the former hypothesis apply to this finding as well. It appears that just as grief is an individual experience, so is the construct of CABs and it is more likely to be correlated with a variable pertaining to the individual's response rather than the symptomatology or CAB response of another person (youth or adult caregiver).

In this vein, it was hypothesized that youth CAB would be significantly associated with youth symptomatology. Findings supported this hypothesis revealing a strong association between youth CAB and youth symptomatology. Although not previously examined among youth, results from the adult bereavement literature are

mixed. Some indicated an association among CABs and adult grief symptomatology and others reported the inverse was true (e.g., Field et al., 1999; Field & Friedrichs, 2004; Field et al., 2003; Lalande & Bonanno, 2006). As an example, Field et al. (1999) revealed it may be the type of CAB expressed by adults that depicts whether it is adaptive (e.g., finding comfort through memories of the deceased) or maladaptive (e.g., finding comfort through the use of deceased's possessions). In contrast, Field et al. (2003) suggested that regardless of CAB expression, at five years post-death, CABs were strongly associated with increased grief symptomatology but had much lower associations with "general psychological symptoms" (p. 116). Reisman (2001) suggested that CABS for adults are adaptive when the bond is a "symbolic" one (e.g., memories, rituals on meaningful dates, linking objects) and maladaptive when it is a "concrete" one (e.g., keeping deceased's possessions in exactly the same location as if they will return) (p. 456). Due to the diversity of findings and the inability of studies to depict the time order of variables (Field et al., 2003), it has been difficult for authors in the adult bereavement literature to make any definitive suppositions about the adaptive or maladaptive nature of CABs.

One explanation of the revealed association between youth CAB and youth symptomatology could be that CABs are an adaptive part of the bereavement process and youth with higher symptomatology more actively seek a CAB with the deceased in an effort to assist in their coping and buffer their feelings of grief. In contrast, it could be explained that CABs are actually maladaptive and youth with stronger CABs to the deceased experience more difficulty coping and increased symptoms of grief as a result. Overall, it appears CABs are adaptive when they are used to assist the bereaved in coping with the transition from a relationship of physical presence to one of memory and "the

relationship is reorganized in a way that the bereaved is no longer preoccupied with or severely distressed by thinking about the loved one's physical absence" (Boerner & Heckhausen, 2003, p. 207). This is consistent with a recently published 10-year longitudinal study of CABs among 37 bereaved parents. Rubin and Shechory-Stahl (2013) reported all participants maintained a CAB to the deceased and general functioning/symptomatology was dependent upon the kind of CAB maintained. Positive memories and emotions associated with the deceased were related to more positive outcomes while negative recollections were associated with poorer long-term outcomes. Specifically, "the complexity, and richness of the continuing bond and how the deceased is recollected is associated with better bereavement outcome" (Rubin & Shechory-Stahl, 2013, p. 378).

In an effort to further explore the finding that youth CAB and youth symptomatology were related, correlational analyses of all three subscales of CAB and youth symptomatology were conducted. This revealed that youth symptomatology was significantly and moderately associated with relational active grieving and a close and positive relationship to the deceased but not with a conflictual relationship to the deceased. One explanation for the relationship between youth symptomatology and relational active grief is that youth who are having difficulty transitioning the deceased from an active participant in his/her life to a person of memory may experience increased symptoms of grief as a result of this inner conflict. As noted in Chapter 3, the relational active grieving subscale reflects the state of such a transition for bereaved individuals. In addition, the instrument developers suggest higher scores on this particular subscale are present when a person has "bereavement...at the forefront of their lives" which lends

itself to a secondary explanation for this finding (Rubin et al., 2009, p. 324). Obviously, youth experiencing active feelings of bereavement should score highly on both the SDQ and this TTBQ Track II subscale. Although the SDQ was not an instrument designed specifically to measure childhood bereavement, its correlation with the relational active grief subscale indicates it is likely capturing some of the emotions that accompany bereavement in youth.

Of particular interest is the finding that youth symptomatology was associated with a close and positive relationship to the deceased. This could be because youth who experience a closer pre-loss relationship to the deceased may also have a stronger attachment bond to that person. Therefore, when a death occurs, their grief symptoms are likely to be more intense than someone with a moderate or mild attachment to the deceased. This is consistent with the aforementioned study by Servaty-Seib and Pistole (2006) in which emotional closeness to the deceased was indicated as a predictor of grief symptomatology among adolescents. In addition, a study of 91 bereaved adults revealed that participants who reported a closer attachment to the deceased also experienced increased grief symptomatology (Wayment & Vierthaler, 2002).

Finally, though not statistically significant at the .05 confidence interval, a conflictual relationship to the deceased was weakly and positively associated with youth symptomatology at the .09 level. This finding could have clinical significance and merits a possible explanation. It is consistent with Waskowic and Chartier (2003) whose study of 77 widowed adults revealed that an insecure attachment style was associated with increased grief symptomatology. Although it could be explicated that those with conflictual relationships would have weaker pre-loss attachments and experience

decreased grief symptomatology, it seems more clinically appropriate that a conflictual attachment could present a response similar to a very strong attachment. Because the source of the conflict is deceased, the bereaved can no longer attempt to personally reconcile the areas of distress in the relationship. In essence, when a person dies, some of the survivor's hopes and dreams of repairing that relationship die as well. As noted previously in this discussion, such conflict could complicate the bereavement process and increase symptoms of grief.

Predictors of Youth CABs

It was hypothesized that caregiver CAB, caregiver symptomatology, youth symptomatology, age/developmental level, spirituality, time elapsed since death, nature of death, and relationship to the deceased are predictors of youth CAB. Although non-significant in the model, spiritual well-being was correlated with youth CAB. This finding is consistent with qualitative studies of CABs in which spirituality and a belief in the afterlife may play a significant role in developing and maintaining CABs (e.g., Richards et al., 1999; Silverman & Nickman, 1996; Steffen & Coyle, 2011). Of note, this study revealed that relationship to the deceased and youth symptomatology were significant predictors of youth CAB with youth symptomatology being the strongest predictor.

Most previous studies of youth, bereavement, and CABs have focused on a singular type of loss relationship (e.g., parent, sibling, grandparent) leaving a large gap in the literature and no evidence in terms of the impact relationship plays in CABs among bereaved youth. Therefore, the finding that relationship to the deceased is a predictor of CABs among youth is of primary importance. A tentative explanation is that youth who

experienced the death of an immediate family member may have a closer pre-loss relationship and attachment, thereby experiencing a stronger CAB following the death. This predictor relationship is one that should be further explored through future research.

Youth symptomatology was revealed as the strongest predictor of youth CAB in this study. It is possible that youth with increased symptomatology might actively seek and maintain CABs as a way of coping with their grief related symptoms. In contrast, it could be argued that such bonds are maladaptive and further exacerbate symptoms of grief among youth. Although the aforementioned grief work theory suggests severing all ties to the deceased is necessary (Attig, 1996; Noppe, 2000), attachment theorists would likely argue that grief symptoms and CABs are normal aspects of the bereavement process and both must be incorporated into bereavement assessment and intervention (Bonanno & Kaltman, 1999; Noppe, 2000). Similarly, the TTMoB, used to develop the TTbQ, suggests that practitioners should address both general functioning and ongoing relationship to the deceased when working with bereaved populations (Rubin, 1999). Findings from this study further contribute to these tenets of attachment theory and its role in grief and bereavement, specifically in the CABs humans maintain following a death. In addition, its findings support the importance of addressing both tracks of bereavement, overall symptomatology and the ongoing relationship to the deceased.

Study Limitations and Strengths

Limitations

There were several limitations to this study. The availability sampling technique limits generalizability of findings and impacts the external validity of the study (Rubin & Babbie, 2011). This sampling method limited variability among some of the

demographics under study such as race/ethnicity and relationship to the deceased in which peer deaths were excluded. In addition, although the sample included children and adults in rural and urban communities, the selection was based on availability and included only those families already receiving services from the children's bereavement centers. In addition, participants completed the instruments at different points along the grief counseling process. Some respondents participated in the study after receiving numerous counseling sessions, grief support group sessions, or other grief interventions (e.g., bereavement camp), whereas others completed instruments during their first visit prior to any intervention.

Despite the fact that most respondents completed instruments on the same day they were scheduled for a grief intervention and before such intervention, some did so after the intervention session was finished. This could have impacted the results as symptoms might be significantly lower or higher depending on the type and topic of intervention. However, other participants scheduled separate appointments and completed the instruments independent of any scheduled grief intervention. In addition, while adequate power was present in the regression analysis, the sample size of 50 youth/caregiver dyads could limit generalizability of findings. Moreover, although it did not present a statistical concern in this study, replicating the study without sibling groups and/or accounting for independence of cases is recommended.

Next, the cross-sectional nature of the study limited the ability to establish time order of variables and make definitive causal inferences (Rubin & Babbie, 2011). In addition, the measuring instruments relied on self-report from youth and adults. This increases the risk of systematic errors such as social desirability bias or acquiescent

response set and random errors such as participant fatigue or item confusion (Rubin & Babbie, 2011). It is also possible that using the SDQ to assess youth symptomatology and the TTbQ Track I to measure adult symptomatology may not have measured the exact same construct. However, both measures indicate that higher scores are associated with greater difficulty and higher symptomatology. In addition, the SDQ is a measure of symptomatology among youth including symptoms of emotional, peer, conduct, and hyperactivity problems; however, it does not specifically assess bereavement symptomatology. Therefore, it is possible some youth participants may have experienced and reported symptoms that were not a direct result of the death. Even though the TTbQ is an already established measure with strong validity and reliability, Track II of the TTbQ was adapted and used with youth for the first time in this study. The long term reliability and validity of the TTbQ Track II as a valid measure of CABs among bereaved youth is not yet known. Further, while the Track II subscale, conflictual relationship to the deceased, had an acceptable internal consistency ($\alpha = .67$) in the pilot study sample, it had a lower reliability ($\alpha = .47$) when administered to the full study sample. This could limit the validity and generalizability of the study results in regards to this subscale.

Strengths

In spite of these limitations, significant strengths were also evident in this dissertation study. This study represented the first of its kind to assess the construct of CABs in a quantitative manner among youth. In addition, it was the first study to examine the association between relationship to the deceased and CABs among youth. This study also made significant strides in research by being the first to pilot test Track II

of the TTbQ on youth ages 11-17 as a potential measure of youth CAB. Finally, although the topic is still in its infancy and exploratory in nature, this study thoroughly examined the construct among youth and its relationship to adult caregivers with findings that resulted in a predictor model of both statistical and clinical significance expanding the body of knowledge in this field.

Implications for Social Work Research and Practice

Research Implications

There are several key implications for future research on this topic. In general, more study is needed in the area of youth and family bereavement. A reliable and valid instrument measuring childhood and adolescent bereavement is essential. Ideally, one measure capable of assessing bereavement symptomatology in both youth and adults would ensure valid comparisons among family members. In addition, more analysis of the TTbQ Track II as a reliable and valid measure of CABs among youth and adults should be conducted with a larger sample. Moreover, the TTMoB, discussed in Chapter 3 and utilized in this study through the TTbQ, should be further evaluated as an applicable model of bereavement ensuring that both symptomatology and relationship to the deceased are addressed in research and practice.

Because this study revealed relationship to the deceased is a predictor of CABs among youth, it is imperative this variable be included in future studies of childhood and adolescent bereavement, particularly those in which CAB is being assessed. In addition, this study indicated a relationship between symptomatology and CAB among youth participants and future research should be conducted to determine if such a relationship exists within a larger sample. Moreover, the type of CAB, whether close and positive or

conflictual and negative, and its impact on youth symptomatology should be studied over time. Furthermore, given caregiver symptomatology was not associated with youth CAB, additional inquiry is needed on the potential relationship between caregiver coping and/or post-death parenting strategies and youth CABs. Finally, a longitudinal design investigating CABs in a quantitative manner among youth, specifically reviewing whether such bonds are adaptive or maladaptive over time, and/or at certain points along the bereavement continuum, would greatly enhance the current knowledge base. Longitudinal research of this kind could also inform whether youth modify the nature and type of CAB expressions as they progress through different developmental stages.

Practice Implications

In addition to future research, the study findings present significant implications for clinical social work practice. Of primary importance is that all social workers, not only those specializing in youth bereavement, must have a practical knowledge of childhood and adolescent grief and mourning behaviors. Given most youth and adults in this study identified ways in which they maintained an attachment to the deceased, it is imperative for practitioners to assess for CABs at the start of bereavement work with a client. In addition, social workers should develop interventions, especially those involving the processing of CABs, that are developmentally appropriate. As an example, social workers must be sensitive to findings that youth may not seek comfort in talking about the deceased to others but may prefer to journal about or discuss favorite memories instead. Moreover, it is essential for practitioners to educate adult caregivers that youth mourn in different ways and may express or seek CABs unique from those of their adult caregivers. Given the results indicated more adults than youth utilized memorialization

activities as a CAB expression, perhaps because youth are unable to access such opportunities on their own, bereavement clinicians should encourage families to include youth in memorialization or bereavement ritual activities. Of course, youth should be presented such opportunities but not required to participate because CAB expressions are unique to each individual's needs.

Aside from the ongoing relationship to the deceased, this study's findings suggest social workers should also assess the nature of the pre-loss relationship to the deceased. Because pre-loss closeness can be associated with increased symptoms of grief, it is essential for practitioners to evaluate both the relationship to the deceased and level of closeness and attachment in the relationship prior to the death. In addition, social workers should assess both positive and negative aspects of the relationship to the deceased and develop interventions to resolve areas of conflict, which may be impeding the bereavement process. Furthermore, in accordance with the TTMoB, this study's findings reveal it is imperative for both aspects of the bereavement process (symptomatology and CABs) to be addressed in interventions for youth.

Finally, although many children's bereavement centers across the nation follow a peer support group model and formal assessments of symptomatology are not often conducted prior to support group intervention, this study reveals youth symptoms can predict CABs to the deceased. Thus, it could be beneficial for centers to institute a simple measure, such as the SDQ 11-17 (Goodman, 2001), until a widely acceptable youth bereavement instrument is available, to gather baseline data and tailor support group interventions more appropriately to attendee needs and symptoms.

Conclusion

The concept of a continuing attachment bond to the deceased, its role in the bereavement process, and its impact on grief symptomatology is a fairly new area of study among researchers. In particular, there has been very little research assessing CABs among youth. This dissertation study sought to serve as a catalyst for future research in this important and long understudied field.

As highlighted in the preceding discussion, a significant contribution was made to the knowledge base by being the first to quantitatively examine the role of CABs in the lives of bereaved youth and identify relationships among youth CABs and other variables of potential significance including caregiver CABs. Further, it was the first to identify potential predictors of CABs among youth revealing significant research and practice implications for social workers. This study also supported the role of attachment theory in bereavement practice and furthered the discussion of the relevance of the TTMoB in bereavement assessment and intervention.

Despite a disparity of research on youth and bereavement, and even fewer focusing on youth CABs, there are many social workers practicing in a variety of settings with grieving children and adolescents. Of concern, is that only a few social workers have published studies on bereaved youth, yet many social work practitioners play a vital role in developing appropriate counseling interventions. For this reason, it is imperative for social work researchers to continue studying the relationships among bereaved youth and their caregivers while examining the role of CABs in the overall bereavement experience. In addition, it is necessary for social work practitioners to join researchers with the goal of establishing evidence-based interventions for bereaved youth. Moreover, as evidence-

based practice interventions are developed, they should include research on CABs. The construct of youth CABs is an important and complex one deserving of continued study by social workers.

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APPENDICES

A: Chapter's Health System Internal Research Review Panel Approval



DATE: 2/1/2011
TO: Erica Sitrine
University of South Florida
Social Work Doctoral Student
4202 East Fowler Ave, MGY132
Tampa, FL 33620-6600
863-638-7678

FROM: Sehwan Kim, Ph.D.
Director of Research
HPC Healthcare, Inc.
Phone 813/357-5667; Email: kim@hpchealthcare.org

RE: RESEARCH PROPOSAL REVIEWED: **APPROVAL**

Professor Sitrine:

Your proposal entitled, "Continuing Attachment Bond to the Deceased: A Study of Bereaved Youth and their Caregivers," including the informed consent forms used for this research are reviewed by the Research Review Panel of HPC. We understand your project may involve bereaved youths as well as their family caregivers. If you plan to engage in face-to-face interview with bereaved children and their parents, there are several guideline 2) – 8) shown in the attached document below. If you have questions about these items, please contact Deborah Cannarella, Research Nurse at 813-877-2200 to arrange how and when to receive the training, to attend to other matters associated with confidentiality agreement and ownership of the raw data collected. Upon completion of your data collection, please submit an electronic copy of raw data collected in SPSS format, including the data dictionary of the SPSS file within one year from the completion of data collection. We look forward to working with you on this important area of research, which will enhance the quality of life of our patients at HPC. Please submit your final report (or study-related publication) to the Director of research at HPC.

SKM

Date: Feb 1, 2011

Sehwan Kim, Ph.D.
Director of Research – Clinical Trials and Behavioral Studies

CC: \ Dr. Ron Schonwetter

Appendix B: University of South Florida Institutional Review Board Approval



DIVISION OF RESEARCH INTEGRITY AND COMPLIANCE
Institutional Review Boards, FWA No. 00001669
12901 Bruce B. Downs Blvd. MDC035 • Tampa, FL 33612-4799
(813) 974-5638 • FAX (813) 974-5618

April 4, 2011

Erica Serrine
School of Social Work

RE: **Expedited Approval** for Initial Review
IRB#: Pro00003052
Title: Continuing Attachment Bonds to the Deceased: A Study of Bereaved Youth and Their Caregivers

Dear Erica Serrine:

On 4/4/2011 the Institutional Review Board (IRB) reviewed and **APPROVED** the above referenced protocol. Please note that your approval for this study will expire on April 4, 2012.

Approved Items:
Protocol Document(s):

[Dissertation Proposal](#) 3/5/2011 1:57 PM 0.01
Study involves children and falls under 45 CFR 46.404: Research not involving more than minimal risk.

Consent/Assent Documents:

Name	Modified	Version
Adult Caregiver Informed Consent.pdf	4/4/2011 9:23 AM	0.01
Parental Permission Informed Consent.pdf	4/4/2011 9:23 AM	0.01
Youth 12-17 Written Informed Assent.pdf (Verbal Assent for those aged 7-11)	4/4/2011 9:23 AM	0.01

Appendix B (Continued)

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Please note, the informed consent/assent documents are valid during the period indicated by the official, IRB-Approval stamp located on the form. Valid consent must be documented on a copy of the most recently IRB-approved consent form.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,



John Schinka, PhD, Chairperson
USF Institutional Review Board

Cc: Various Menzel, CCRP
USF IRB Professional Staff

Appendix C: Study Recruitment Letter

Dear Parent:

We wanted to let you know about an opportunity for you and your child to participate in a research study. Erica Serrine, a Licensed Clinical Social Worker and doctoral student at the University of South Florida, has extensive experience working with grieving children and families. She is the former Bereavement Manager of the Bethany Center and is currently working with the Bethany Center on a new study. The study is entitled, “Continuing Attachment Bonds to the Deceased: A Study of Bereaved Youth and Their Adult Caregivers” (eIRB Study #3052).

Erica is doing this study to help us better understand if children (ages 11-17) and their adult caregivers experience similar feelings following the death of a loved one. In addition, this study will help us understand ways that children and adults maintain the memory of the person who died, which may help us learn better ways of working with grieving children and families.

She wants to ask children and their caregivers about:

- the thoughts and feelings you and your child have been experiencing since the death such as sadness, anxiety, and fears;
- you and your child’s relationship with the person who died;
- your child’s spiritual and religious beliefs.

Your participation in this research study is completely voluntary. All of your answers will be kept confidential. No one other than the researcher at the University of South Florida and the bereavement counseling staff at the (Bethany Center or Circle of Love Center) will look at the answers. The results of this research study may be published, but neither you nor your child’s name will be used and information will be reported in a way in which no one family or individual can be identified. Regardless of whether you choose to participate or not to participate, your decision will have no effect on any services that your child or family may be currently receiving or may receive in the future. As a token of appreciation, your family will receive a \$20 Walmart gift card as compensation for taking part in this study.

If you are interested in participating, please contact Erica Serrine at (863) 956-6245 or eserrine@mail.usf.edu to ask any questions you might have about the study or to schedule an appointment to collect the information. The appointment will take about 45 minutes in our office and can take place over the telephone if you are unable to travel to the office. We would like to thank you for your help with this important project. This is an opportunity for you to help us better understand the experiences of bereaved children and families and to further enhance the services and interventions we provide.

Sincerely,
(Bereavement Manager)

Appendix D: Demographic Form

ID # _____

Youth/Caregiver Bereavement Study Demographic Sheet (to be completed by the adult caregiver)

Please answer the following questions about yourself to help us better understand your present circumstances.

1. Today's Date: _____

2. Your Name: _____

3. Your Gender (circle one):

Male

Female

4. Your Date of Birth:

_____/_____/_____

Month

Day

Year

5. Your Race/ Ethnicity (circle only one):

Asian

Black or African-American

Hispanic or Latino

Native American

Pacific Islander

White

Other: _____

6. Your Religion: _____

7. Degree of Religious Belief or Observation (circle only one):

Very religious

Religious

Moderate

Not very religious

Not at all religious

Youth/Caregiver Demographic Form 1

Appendix D (Continued)

ID # _____

8. **Name of Children Under your Primary Care** (who are enrolled in this study):

9. **The child(ren) named above is (are) your (circle only one):**

Biological Child Step-Child Adopted Child

Grandchild Niece/ Nephew

Other: _____

10. **Did the child(ren) named above reside with you prior to the death?**

(circle one)

Yes

No

11. **The Person who Died was your (circle only one):**

Husband Wife Boyfriend Girlfriend

Daughter Son Mother Father

Sister Brother Grandmother Grandfather

Aunt Uncle Ex-Husband Ex-Wife

Friend Other: _____

Youth/Caregiver Demographic Form 2

Appendix D (Continued)

ID # _____

Please answer the following questions about the youth under your care who is participating in this study. If you have more than one child participating, please complete separate forms for each child.

12. Youth's Name: _____

13. Youth's Gender (circle one):

Male

Female

14. Youth's Date of Birth:

Month

Day

Year

15. Youth's Grade in School: _____

16. Youth's Race/Ethnicity (circle only one):

Asian

Black or African-American

Hispanic or Latino

Native American

Pacific Islander

White

Other: _____

17. Youth's Religion: _____

18. The Person who Died was the Youth's (circle only one):

Mother

Father

Sister

Brother

Grandmother

Grandfather

Aunt

Uncle

Step-Mother

Step-Father

Friend

Mother's Partner

Father's Partner

Other: _____

Youth/Caregiver Demographic Form 3

Appendix D (Continued)

ID # _____

19. **Date of Death:**

_____ _____ _____
Month Day Year

20. **Youth's Age at Time of Death:** _____ years old

21. **Cause of Death:**

22. **Was the death anticipated (such as due to an illness or accident that caused prolonged hospitalization prior to death) or unanticipated ?**
(write "X" for only one choice)

____ Anticipated: the **youth** had some knowledge for more than 2 weeks that the death might occur.

____ Unanticipated: the **youth** had no knowledge or less than 2 weeks notice that the death might occur and/or the death was unanticipated.

Office Use Only (To be completed by the survey administer prior to participant departure):

All instrument items have been reviewed and checked for missing data. _____
(Initials)

Youth/Caregiver Demographic Form 4